

Domestic Abuse Policy

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Purpose of Agreement	This policy sets out how Solent NHS Trust (Solent) will ensure that its patients, employees and those in the care of patients and employees such as vulnerable adults and children are supported and protected. This policy is intended to ensure that the response by Solent to Domestic Abuse fully supports victims and maintains and enhances public confidence, and contributes to the Trust's overall safeguarding agenda. The policy sets out the appropriate action required in respect of perpetrators and alleged perpetrators of Domestic Abuse that are service users or identified through service users or staff.
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SUMMARY OF POLICY

The purpose of this domestic abuse policy is to ensure staff are aware of their responsibilities to safeguard victims of domestic abuse and their children including children of the perpetrator. This policy aims to provide a safe, consistent and quality approach to domestic abuse victims, perpetrators and their families. It requires staff to adopt the Solent 'Think Family' approach to safeguarding and that we consider the impact of domestic abuse on all the family and those that visit the home.

The Home Office, (2013), defined Domestic Abuse is defined as:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

Psychological, physical, sexual, financial and emotional

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 or other abuse that is used to harm, punish, or frighten their victim.

Honour-based violence is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community.

Forced marriage is where one or both people do not (or in cases of people with learning disabilities or reduced capacity, cannot) consent to the marriage as they are pressurised, or abuse is used, to force them to do so

Solent as both an employer and service provider has a crucial role to play in responding to domestic abuse. Health Professionals are frequently in the frontline in their work dealing with both the physical, emotional and psychological consequences of domestic abuse on victims and children; they are also ideally placed to raise the issue of domestic abuse with service users and routinely provide information or refer to appropriate support agencies. (NICE, 2016).

All Staff

The identification, assessment and appropriate response are the responsibility of all Solent NHS staff.

- Solent Staff have a responsibility to ensure that they are familiar with potential signs and indicators of high risk of domestic abuse in adults and children. Appendix A gives practitioners some insight into some of these signs however this list is not conclusive nor does it automatically indicate domestic abuse is happening and should be used as a guide
- Ensure they have an awareness of the organisations Domestic Abuse policy
- Comply with the Domestic Violence and Abuse Pathway for Health Services.
- Work alongside other professionals and agencies in the prevention, assessment and investigation of abuse, using the skills, knowledge and powers of all relevant agencies appropriately in line with this policy and procedure
- Record all information, discussion and decision making in accordance with this policy and other internal policies (DoLS and Mental Capacity Act Policy)
- To provide information, as per organisation's Safeguarding and Information Governance policies, in order to protect the vulnerable individual under safeguarding
- Attend safeguarding training in accordance with the requirements set out within the organisation's Safeguarding Children, Young People and Adult Policies, Safeguarding Strategy and the Induction and Mandatory Training Policy.

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1. INTRODUCTION & PURPOSE

- 1.1 Domestic Abuse happens to people from all different areas of society regardless of age, gender, race, culture, nationality, religion, sexuality, disability, educational level and social-economical group.
- 1.2 Overall, 26% of women and 15% of men aged 16-59 had experienced some form of domestic abuse since the age of 16. These figures were equivalent to an estimated 4.3 million female and 2.4 million male victims, (ONS 2018). In Hampshire it is predicted that an estimated 44,675 females and 25,673 males could be experiencing domestic abuse each year, one in ten of victims being aged 16-19 years. Compared to national data, Hampshire has a higher percentage of male victims.
- 1.3 Seven women a month are killed by a current or former partner in England and Wales. 130,000 children live in homes where there is high-risk domestic abuse, 62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others. (SafeLives (2015),
- 1.4 Domestic abuse is a complex issue that needs sensitive handling by a range of professionals. The cost, in both human and economic terms, is so significant that even marginally effective interventions are cost effective. (NICE, 2016). It is widely recognised that domestic abuse can have a significant impact upon the health of those experiencing it. Most victims, children and perpetrators will see a health professional at some stage, therefore health professionals are viewed as being in a unique position to undertake a significant role in domestic abuse screening, signposting and providing on-going support. The government strategy framework expects that by 2020 all services are able to make early intervention and prevention a priority, especially identifying women and girls in need before a crisis occurs, and intervening to make sure they get the help they need for themselves and for their children, (House of Commons, 2018).
- 1.5 Solent as both an employer and service provider has a crucial role to play in responding to domestic abuse. Health Professionals are frequently in the frontline in their work dealing with both the physical, emotional and psychological consequences of domestic abuse on victims and children; they are also ideally placed to raise the issue of domestic abuse with service users and routinely provide information or refer to appropriate support agencies, (NICE, 2016).
- 1.6 As an employer, Solent will inevitably employ individuals who are affected by domestic abuse – as a result Solent must ensure all reasonable efforts are made to provide staff with the support they need and want, including an appropriate managed response for those employees who are perpetrators or / alleged perpetrators. Further information can be found in the 4LSAB Allegations management Framework available at:
http://intranet.solent.nhs.uk/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingAdults/_layouts/15/WopiFrame.aspx?sourcedoc=/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingAdults/TeamDocument/4LSAB%20Allegations%20Management%20Guidance%20October%202018.pdf&action=default
- 1.7 This Policy complements and supports the Solent Safeguarding Children, Young People and Adults at Risk Policy 2019 -2022. It also links and supports other Solent and local / national policies and procedures which are listed in Appendix B.

2. SCOPE & DEFINITIONS

- 2.1 This policy applies to all Solent NHS Trust Staff, both clinical and non-clinical, bank, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), Non-Executive Directors, and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, Agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 "Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equality of Opportunities for users of services, carers, the wider community and our staff.
- 2.3 Domestic Abuse is defined as:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

Psychological, physical, sexual, financial and emotional

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 or other abuse that is used to harm, punish, or frighten their victim.

Honour-based violence is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community.

Forced marriage is where one or both people do not (or in cases of people with learning disabilities or reduced capacity, cannot) consent to the marriage as they are pressurised, or abuse is used, to force them to do so

Home Office, *Cross-Government definition of domestic violence: a consultation – summary of response*,
extended March 2013

3. PROCESS/REQUIREMENTS

- 3.1 The responsibilities of NHS organisations for the welfare and safeguarding of children, safeguarding adults and sharing information are set out in Safeguarding Vulnerable people in the NHS – Accountability and Assurance Framework 2015. For children, it reflects the guidance in Working Together to Safeguard Children 2018.

- 3.2 Responsibilities for safeguarding adults are set in legislation by the Care Act 2014 and through regulations. The main difference between vulnerable adults and children is that adults have a legal right to make decisions where they have the capacity to do so, even if their choices seem unwise. However, decisions that put an adult at risk of significant harm fall under safeguarding.
- 3.2 The Government's definition of domestic abuse includes 'honour-based' violence, female genital mutilation (FGM) and forced marriage. Please refer to Solent NHS Trust Safeguarding Children, Young People and Adults at Risk policy 2019 and the FGM pathway available at: <http://intranet.solent.nhs.uk/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingChildrenandYoungPeople/TeamDocument/FGM%20Guidance.pdf>
- 3.3 Caregiver stress is a condition of exhaustion, anger, rage or guilt that results from unrelieved caring for a chronically ill or disabled dependent and differs from domestic abuse in that it is non-intentional, so needing a different approach. The caregiver may need support recognising their stress and there is a statutory duty to carry out carer's assessment to establish carers' need to sustain caring role. However, any abuse of an adult with care and support needs should be reported in order for there to be an appropriate and proportional response

4. ROLES & RESPONSIBILITIES

- 4.1 Executives and Directors:
The Chief Executive has ultimate accountability for the strategic and operational management of the organisation, including ensuring all policies are adhered to. The Chief Executive has elected the Chief Nurse to strategically lead the safeguarding agenda which includes Domestic Abuse.
- 4.2 Directors, Clinical Directors, Operational Directors are responsible for:
Ensuring that their directorate has management and accountability structures that deliver safe and effective services in accordance with statutory, national and local guidance for domestic abuse.
- 4.3 Senior Managers in Service Lead Management Teams:
Managers should ensure that they and all their staff have read and are made aware of their roles and responsibilities in relation to this policy and be aware of what actions they need to take to identify any additional training and support needs required to enable their teams to perform their duties.
- 4.4.1 Safeguarding Team:
The safeguarding team are responsible for ensuring that support and guidance is available in respect of domestic abuse issues to staff and managers, and that our domestic abuse training offer is compliant with both Children and Adult Intercollegiate documents (Appendix B).
- 4.4.2 The safeguarding Team have a lead role within local Multi-Agency Risk Assessment Conferences and High Risk Domestic Abuse meetings that address the current risks and safety planning of victims, children and perpetrators. The team has a lead role for Solent within local Domestic Abuse Multi –Agency forums and Strategic groups.

4.5 All Staff

The identification, assessment and appropriate response are the responsibility of all Solent NHS staff.

- Solent Staff have a responsibility to ensure that they are familiar with potential signs and indicators of high risk of domestic abuse in adults and children. Appendix A gives practitioners some insight into some of these signs however this list is not conclusive nor does it automatically indicate domestic abuse is happening and should be used as a guide
- Ensure they have an awareness of the organisations Domestic Abuse policy
- Comply with the Domestic Violence and Abuse Pathway for Health Services,
http://intranet.solent.nhs.uk/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingChildrenandYoungPeople/_layouts/15/WopiFrame.aspx?sourcedoc=/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingChildrenandYoungPeople/TeamDocument/Solent%20Domestic%20Abuse%20Pathway%20for%20Health%20Professionals%202018.docx&action=default
- Work alongside other professionals and agencies in the prevention, assessment and investigation of abuse, using the skills, knowledge and powers of all relevant agencies appropriately in line with this policy and procedure
- Record all information, discussion and decision making in accordance with this policy and other internal policies (Dols and Mental Capacity Act Policy)
- To provide information, as per organisation's Safeguarding and Information Governance policies, in order to protect the vulnerable individual under safeguarding
- Attend safeguarding training in accordance with the requirements set out within the organisation's Safeguarding Children, Young People and Adult Policies, Safeguarding Strategy and the Induction and Mandatory Training Policy.

5 MULTI-AGENCY RISK ASSESSMENT CONFERENCE (MARAC)

- 5.1.1 These are held routinely to ensure those victims who are at highest risk of severe domestic violence and where there is threat to life are adequately protected by the Police and partner agencies.
- 5.1.2 A member of the safeguarding team will attend MARAC's for families where there are children, in Southampton and Portsmouth and co-ordinate the information sharing process for Solent prior to and after the conference.
- 5.1.3 Solent staff will be required (where appropriate) to provide information about victims, perpetrators or children when requested by the safeguarding team.
- 5.1.4 Solent staff (where appropriate) has duty to act on any actions generated from MARAC conferences that are disseminated within the conference minutes or from the safeguarding team. If actions cannot be completed then service managers need to consult with the safeguarding team and MARAC chairperson.
- 5.1.5 **High Risk Domestic Abuse (HRDA)** at present this applies only to *Southampton however Portsmouth will soon introduce HRDA*. Southampton undertakes routine meetings for those HRDA cases within its Multi-agency safeguarding Hub (MASH).
- 5.1.6 Domestic abuse cases that reach the threshold of high risk (usually identified by completion of a DASH assessment) are subject to a similar process as referrals into children's social care.

- 5.1.7 The Solent safeguarding team as a partner agency has a responsibility within the MASH and will gather information; analyse and risk assess all appropriate HRDA cases on a daily basis and will attend daily HRDA meetings to discuss safety planning and actions.
- 5.1.8 Complex HRDA cases can also be referred onto MARAC, in these cases Solent staff continues to have a responsibility to share information to safeguarding team as requested.
- 5.1.9 Solent staff (where appropriate) have duty to act on any actions generated from HRDA meetings/ minutes, If actions cannot be completed then service managers need to consult with the safeguarding team and HRDA chairperson.
- 5.1.10 All children and young people who are exposed to domestic violence and / or subject to MARAC or HRDA are deemed vulnerable and must be considered by staff in safeguarding supervision sessions and alert added to their health records.
- 5.1.11 Where it is appropriate and also safe for the victim and staff member all efforts should be made to undertake a risk assessment of the abuse being experienced. This however must never be undertaken in the presence or with the knowledge of the perpetrator. The Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH, 2009) Risk Identification and Assessment and Management Model, is a nationally recognised tool for professionals to use to support victims, assess and manage levels of risk and plan interventions. [DASH-2009 Appendix 6.pdf](#)

5.2 Perpetrators of Domestic Abuse and Violence

- 5.2.1 In order to reduce domestic abuse the perpetrators behaviour needs to change through relevant behaviour change and criminal justice interventions. Perpetrators are ordinary users of the health service, which means health professionals are in a key position to identify them and assist in the interruption of their harmful behaviours. Mental health problems and substance misuse may be factors in abusive behaviours but are not the sole causes of perpetrators behaviours, therefore substance misuse and mental health services should not work in isolation from perpetrator services.
Staff should consider signposting or getting advice from services that are available to support perpetrators, always considering if your actions put victims or children at a greater risk. If uncertain of risk or actions then always seek guidance from line mangers or safeguarding team.
- 5.2.2 Evidence also indicates three quarters of teenage girls and up to half of teenage boys have reported violence in their intimate relationships, with more than half of the boys perceiving violence as playful and accepted in relationship behaviour. There is also increasing recognition of abusive females in both heterosexual and same sex relationships. (NSPCC 2009).
- 5.2.3 For further information access : Chapter 5, Health professionals responding to perpetrators of domestic abuse, in Responding to Domestic Abuse, a resource for health professionals (DoH) See Appendix B

5.3 Staff Experiencing Domestic Abuse

- 5.3.1 It is inevitable that some of our workforce will suffer domestic abuse. Solent NHS Trust therefore aims to create a supportive working environment in taking all reasonable steps to

combat the reality and impact of domestic abuse on those being abused. Please refer to Responding to an employee who is experiencing domestic violence and abuse, (Appendix D).

- 5.3.2 In cases where both the victim and perpetrator of domestic abuse work for Solent NHS Trust appropriate action may need to be taken to ensure that the victim and perpetrator do not come into contact in the workplace.
- 5.3.3 On occasions a third party may disclose information that a member of staff is experiencing domestic abuse without that person's knowledge or consent to do so. In such situations a discussion should be held with the Head of Safeguarding or/and HR to agree what actions, if any are required.

5.4 Employees who are accused of Domestic Abuse

- 5.4.1 Domestic abuse perpetrated by staff will not be condoned under any circumstances, nor will it be treated as a private matter. Solent NHS Trust recognises that perpetrators of domestic abuse may need help to change their behaviour and therefore will support and encourage employees to address violent and abusive behaviours of all kinds. This will include providing information about the support services available.
- 5.4.2 The 4LSAB Allegations Management Framework 2018 and Solent NHS Trust Policy on Management of Allegations of Abuse Against Staff under Safeguarding Procedures provide guidance actions that should be taken
(http://intranet.solent.nhs.uk/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingAdults/_layouts/15/WopiFrame.aspx?sourcedoc=/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingAdults/TeamDocument/4LSAB%20Allegations%20Management%20Guidance%20October%202018.pdf&action=default)
- 5.4.3 Action may also need to be taken to minimise the potential for the perpetrator to use their position to find out details about the whereabouts of the victim. This may include a change of duties or withdrawing access to certain computer programmes, which will be reviewed at the end of the process. This is not an exhaustive list of possible actions.

6. INFORMATION SHARING AND CONFIDENTIALITY

- 6.1 Confidentiality is not absolute; there may be circumstances where the safety of the victim and their children overrides their right to confidentiality. The Data Protection Act 2018 is not a barrier to sharing information and would be based on the assessed risk in each case. See Safeguarding Policy 2019

7. TRAINING

- 7.1 Joint adult and children domestic abuse training is available to all staff identified by their managers who require the knowledge to undertake screening, assessment and referrals. Managers can refer to DOH, (2017) *Responding to domestic abuse: A resource for health professionals*, and NICE, (2016) *Domestic Violence and Abuse: Quality standard*, for further guidance of levels of competencies and skills practitioners require.
- 7.2 Staff are encouraged to access other multi-agency training offered by other agencies especially those delivered by specialist domestic abuse services.

8. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

- 8.1 A thorough and systematic assessment of this policy has been undertaken in accordance with the organisation Policy on equality and Human Rights.
- 8.2 The assessment, found that the implementation of and compliance with this policy has no impact on any employee on the grounds of age, disability, gender, race, faith or sexual orientation. See Appendix (Appendix F).

9. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 9.1 Compliance with the policy will be reported through the Safeguarding Steering Group.
- 9.2 The Head of Safeguarding will report compliance to the Chief Nurse on a quarterly basis through the Safeguarding Steering group.
- 9.3 Services will escalate to the Chief Nurse, through governance structures, any barrier to implementation of this policy.
- 9.4 Non-compliance with this policy must be reported.

10. REVIEW

- 10.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

11. REFERENCES AND LINKS TO OTHER DOCUMENTS

- 11.1 This policy should be read in conjunction with:
 - Safeguarding Supervision Policy
 - Speaking Up Policy
 - Disciplinary Policy
 - Supporting Staff Policy
 - Special Leave Policy
 - Adverse Events Policy
 - Employee Well-being and Stress Risk Assessment Policy
 - Serious Adverse Events Policy
 - Privacy, Dignity and Respect Policy
 - Safeguarding Children, Young People and Adults at Risk Policy
 - Management and Allegations of Abuse under safeguarding Procedures
 - Grievance Policy

11.2 Sources of information

- DOH, 2015, Safeguarding Vulnerable people in the NHS – Accountability and Assurance Framework HMSO
- DOH, (2017) Responding to domestic abuse: A resource for health professionals

- HM Government (2018) Working Together to Safeguard Children and young people – a guide to interagency working to safeguard and promote the welfare of children and young people www.gov.uk/government/publications/workingtogether
- Home Office, 2013, Cross-Government definition of domestic violence: a consultation – summary of response, extended March 2013
- House of Commons, 2018, Domestic Violence in England and Wales: Briefing Paper 6337
- NICE, 2016, Domestic Violence and Abuse: Quality Standard
- ONS, 2018, Domestic abuse: findings from the Crime Survey for England and Wales: year ending March 2017
- SafeLives, 2015, Getting it right first time: policy report. Bristol: SafeLives
- The Care Act, 2014, London HMSO

Appendix A - Potential Signs of Domestic Abuse

The [NICE Domestic abuse quality standard \(QS116\)](#) highlights symptoms or conditions which are indicators of possible domestic abuse: (this list is not exhaustive and practitioners must not disregard other presenting factors that may be of concern, nor do they automatically indicate domestic abuse but should raise suspicion and prompt practitioners to make every attempt to see the person alone to ask about their welfare).

1. symptoms of depression, anxiety, post-traumatic stress disorder, sleep disorders
2. suicidal tendencies or self-harming
3. alcohol or other substance misuse
4. unexplained chronic gastrointestinal symptoms
5. unexplained gynecological symptoms, including pelvic pain and sexual dysfunction
6. adverse reproductive outcomes, including multiple unintended pregnancies or terminations
7. delayed pregnancy care, miscarriage, premature labour and stillbirth or concealed pregnancy
8. genitourinary symptoms, including frequent bladder or kidney infections
9. vaginal bleeding or sexually transmitted infections
10. chronic unexplained pain
11. traumatic injury, particularly if repeated and with vague or implausible explanations
12. problems with the central nervous system – headaches, cognitive problems, hearing loss
13. repeated health consultations with no clear diagnosis. The person may describe themselves as ‘accident prone’ ‘silly’
14. intrusive ‘other person’ in consultations, including partner or spouse, parent, grandparent or an adult child (for elder abuse).

Potential signs of children witnessing domestic abuse

(This list is not exhaustive and practitioners must not disregard other presenting factors that may be of concern nor do they automatically indicate domestic abuse but should raise suspicion and prompt practitioners to follow Solent DA policy , NICE Guidelines (when to suspect child abuse and neglect) and Solent safeguarding Children, Young People and Adults at Risk Policy:

1. incontinence or soiling issues due to emotional distress, especially if children have not previously had any issues
2. delay in development especially speech and language
3. Eating disorders, faltered growth or obesity.
4. Being withdrawn, depressed or suffering from anxiety.
5. Sudden behavior changes, maybe from confident to withdrawn or calm to aggressive.
6. Particularly clingy to a parent or others becoming notably distressed when removed from that person.
7. Aggressive behavior including language that would indicate the child was acting out what they had witnessed.
8. Sleeping issues including persistent nightmares
9. Risk taking behavior, including drug use, alcohol, missing from home, unhealthy sexual relationships, and gang involvement.
10. Missing or poor educational attendance
11. Change in educational attainment, poor concentration and focus including hyperactivity.
12. obsessive behaviors
13. self-harm and thoughts about suicide

14. children missing appointments, an avoidance with professionals
15. Changes in presentation or behavior when in the presence of certain people such as the perpetrator and or the victim.

Any disclosures made by adults or children indicating domestic abuse should be taken seriously and practitioners will need to follow the Domestic Abuse Pathway (appendix) for their responsibilities and response.

Appendix B - National and Local Drivers in Managing Domestic Abuse

Document Title/Date	Link to document
Adult safeguarding: roles and Competencies for Healthcare staff – 2018 (aka the Intercollegiate Document for Adults)	https://www.rcn.org.uk/professional-development/publications/pub-007069
Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff - 2019 (aka the Intercollegiate Document for Children)	https://www.rcn.org.uk/professional-development/publications/007-366
Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework - 2015	https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf
Working together to safeguard children - Statutory guidance on inter-agency working to safeguard and promote the welfare of children - 2018	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf
Care and support Statutory Guidance – Using the Care Act Guidance - 2018	https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance
Hampshire, IOW, Portsmouth and Southampton 4LSAB Multi-Agency Safeguarding Adults Policy and Guidance - 2016	http://www.hampshiresab.org.uk/professionals-area/hampshire_4lsab_multiagency_safeguarding_adults_policy_guidance/
Hampshire Domestic Abuse Strategy 2017-2022	http://www.hampshiresab.org.uk/wp-content/uploads/DA-Strategy-Hampshire-Domestic-Abuse-Strategy-2017-22-1.pdf
Southampton Against Domestic & Sexual Abuse Multi Agency Strategy 2017-20	https://www.southampton.gov.uk/images/dsa-strategy_tcm63-394493.pdf
Portsmouth Domestic Violence and Abuse Strategy and Action Plane 2017-2020	http://www.saferportsmouth.org.uk/wp-content/uploads/2018/09/Portsmouth-Domestic-Violence-and-Abuse-Strategy-Dec-2017.pdf
Hampshire and Isle of Wight Domestic Abuse Guidance	website

Appendix C - Indicators of Risk in Domestic Abuse

The top seven risk indicators nationally, based on findings from the Domestic Homicide Reviews are:

1. Victims perception of risk or harm
2. Pregnancy or new birth
3. Stalking/ harassment
4. Separation/ child contact
5. Sexual abuse
6. Escalation of abuse
7. Isolation

Other indicators of high risk to consider are:

- Attempted strangulation
- Victims fear
- Perpetrator's mental health and or alcohol/ drug problems
- Perpetrator's jealous and or controlling behaviour
- Perpetrator has threatened or attempted suicide
- Perpetrator has a criminal history
- Perpetrator has hurt someone else including children or former partner
- Abuse to pets
- Stopping the victim seeking medical attention or being seen alone

Again this list is not definitive and practitioners should where appropriate and safe undertake a DASH assessment or ask trigger questions (appendix) to establish in more detail the level of risk involved and support required.

Safelives.org.uk accessed 4th January 2019

Appendix D – Responding to an Employee Who is Experiencing Domestic Violence & Abuse

This guidance applies to all employees of Solent NHS Trust

All employees who are experiencing Domestic Violence & Abuse will be treated with dignity and respect at all times.

By adopting appropriate employment practice we will make every effort to support employees who experience experiencing Domestic Violence & Abuse

1 INTRODUCTION

Solent NHS Trust is committed to supporting employee's health and wellbeing at work. The purpose of this document is to support employee's experiencing domestic abuse, aid managers seeking to help employee's experiencing domestic abuse, and assist colleagues of those experiencing domestic abuse.'

Solent NHS Trust therefore recognises that this serious and widespread problem has a potentially detrimental effect on the wellbeing and work performance of many of our staff. We have therefore introduced this guidance to ensure that as an employer we respond in the best way possible to the problem. This means offering support and assistance to employees who experience domestic violence thereby promoting the wellbeing of our workforce and ensuring the best possible service delivery to our customers. (From this point onwards in this policy Domestic violence and Abuse will be referred to as Domestic abuse). This guidance was developed from the Home Office Publication: 'DOMESTIC VIOLENCE: Break the Chain' (2014)

3. THE EFFECTS OF DOMESTIC ABUSE

An employee who is experiencing domestic abuse may not feel able to tell their manager or colleagues. Managers may therefore first become aware of the problem when the employee's behaviour at work starts to change.

a drop in performance

lateness

absenteeism

increased requests for time off work

any form of behavioural change

As with any performance issue at work it is important that the problem is identified as soon as possible and the appropriate help offered. This will be likely to mean that the member of staff is able to deal with the problem more effectively, and that performance at work will be less affected.

4. RESPONDING TO AN EMPLOYEE WHO IS EXPERIENCING DOMESTIC ABUSE

If an employee confides in you that they are experiencing domestic abuse you should adopt a sensitive and non-judgemental approach:

- **SAFETY IS PARAMOUNT**

- **Listen** to the employee and believe what they tell you. Establish what support the employee may want.
- **Ensure that discussions with the employee take place in private and that as far as possible** you respect their confidence (see section 5 for further guidance).
- **Understand that the employee may wish someone else to be with them when they talk to you.** This could include for example a trade union representative, work colleague, a member of the Occupational Health team or member of the HR Consultancy Team.
- **Explain to the employee the importance of keeping their line manager informed.** This is because there may be health and safety issues which need to be addressed, and there may also be implications for the employees' performance at work which the line manager needs to be aware of.
- Refer to Domestic Abuse Pathway
- **Providing** counselling service information details of Employee Assistance Programme and the Occupational Health team.

5. CONFIDENTIALITY

Any breach of confidentiality could have serious consequences for the safety of the employee concerned, 2 women a week are killed by their partner or former partner. Therefore, any disclosure relating to domestic violence must be kept confidential. This means it must not be revealed to anyone other than those directly involved in responding to the situation. The employee **must** be told who will be informed, and why. As far as is reasonably possible information should only be passed on with the employee's consent. An employee's personal information should NEVER be disclosed to a third party without their consent.

If the employee indicates that a child or vulnerable adult may be at risk, whether physical, emotional or sexual, Social Care must be informed immediately. It is preferable to obtain the employee's consent to this but if they will not give consent Social Care must still be informed. See Domestic Abuse Pathway.

Solent NHS Trust has a duty to ensure a safe working environment for all our employees. If the alleged perpetrator presents a threat to the employee whilst at work it may be advisable to inform the employee's colleagues and consider security arrangements. Careful consideration should however be given to this and the matter fully discussed with the employee concerned to agree what will be said and to whom. Colleagues must be told that this information is confidential and that any breach of confidentiality may lead to disciplinary action, in line with the Trust's Disciplinary Policy.

6. ARRANGEMENTS TO ASSIST EMPLOYEES EXPERIENCING DOMESTIC ABUSE

The following arrangements could be available to assist employees experiencing domestic abuse depending on individual circumstances:

- **Emergency/Compassionate Leave**

To deal with personal crises the Special Leave Policy enables managers to authorise up to 3 days paid leave in a rolling 12 month period, with discretion to grant further unpaid leave in exceptional circumstances (See the Special Leave Policy).

- **Unpaid Leave**

The Special Leave Policy allows a manager to authorise unpaid leave where this would not be detrimental to the needs of the service, in accordance with the Special Leave Policy.

- **Advances on Pay/Alternative Arrangements for Salary Payments**

An employee who leaves a violent partner may experience considerable financial hardship. In cases of financial hardship sympathetic consideration should be given to making an advance against pay. Please contact Solent's Human Resources Department (HR).

If the employee's partner has access to their finances and is exerting financial pressure, the HR Services Team should be approached to make arrangements for an alternative method of salary payment with Payroll. The team will require details of an alternative bank account that the employee wishes their salary to be paid into. However, if the request is received within 48 hours of the employee's payment date, then it may not be possible to recall the payment from the bank. As such, requests should be made with as much notice as is reasonably possible.

Temporary or Permanent Adjustments to the Employee's Post

With the agreement of both the line manager and the employee concerned and according to the needs of the service, a temporary or permanent adjustment can be made to an employee's contract of employment to assist them in managing their situation. Examples of adjustments may include changes to the number or pattern of hours worked, or changes to the duties carried out. Further details are available in the Flexible Working Policy.

If the employee normally works with clients who are subject to domestic abuse it may be necessary to consider a reallocation of cases for a period of time.

Managers can seek guidance from the HR Consultancy team on any temporary or permanent adjustments to the employee's post. Consideration should also be given to making an Occupational Health referral.

Alternative Employment

In certain circumstances, particularly if the employee is at risk of violence/abuse from a partner whilst at work, consideration may be given to temporarily moving the employee to an alternative post, for example, at a different location. In such circumstances, an employee may wish to make a permanent move to an alternative post. Where possible the line manager with the support of the HR Consultancy team will look to accommodate such requests for alternative work, in line with usual recruitment and selection processes.

Attendance at Appointments

An employee experiencing domestic abuse may request time off work to attend an appointment with a support agency, see a solicitor, arrange rehousing, visit a child's school etc. Any such requests should be treated sympathetically.

The decision as to whether or not such appointments can be claimed as time off with pay is at the discretion of the manager in accordance with the Special Leave Policy. Managers may however also wish to consider the use of flexible working, working off site etc. to assist the employee.

Learning and Development

Please contact the Solent's learning and Development team for further information. They will support with personal training for example assertiveness and work related training

Counselling

Solent's 'Employee assistance Programme' provides free and confidential advice, information and counselling support. This service is available 24 hours a day, 7 days a week and there is no cost to

the employee. The service provides staff with a free and confidential helpline and is designed to help staff with a range of problems either at work or in their personal lives.

Referral to Occupational Health

In many cases such as physical harm, or emotional problems such as anxiety or depression, when an employee requires further advice or support or in scenarios whereby a manager is concerned about how best to support the employee it may be appropriate to refer the employee to Occupational Health. Details of how to make a manager's referral or a self-referral can be found on SolNet on the Occupational Health Services page.

Attendance at Court

If an employee is required to attend court as a witness, or to obtain an injunction, paid leave may be granted, (see the Special Leave Policy), or consideration could be given to using annual leave or time off in lieu.

7. PERPETRATORS OF DOMESTIC ABUSE

Employees should be aware that domestic abuse is a serious matter which can lead to a criminal conviction.

In circumstances where an employee is believed to have brought the Trust into disrepute as a result of committing domestic abuse action could be taken against the employee using a fair process which may be in line with the disciplinary policy

Employees' perpetrating domestic violence who seek help from the employer should be referred to Occupational Health and reminded of the Employee Assistance Programme.

8. OTHER SOURCES OF HELP AND SUPPORT

PIPPA and SDAS (As per domestic abuse pathway)

Further advice and support can be gained by contacting:

Employee Assistance Programme – 0800 243 458 or email assistance@workplaceoptions.com
Website: www.workplaceoptions.com Username: Solent Password: employee

Occupational Health – 0300 123 3392 or email snhs.ohservices@solent.nhs.uk or make a self-referral by following the link on SolNet – Occupational Health Services page

HR Consultancy team – 0300 123 3946 or hrconsultancy@solent.nhs.uk

Solent's Safeguarding teams (Adults and Children)

On the Safeguarding Adult internet *Home page*,
<http://intranet.solent.nhs.uk/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingAdults/TeamDocument/Forms/Default.aspx> SolNet Safeguarding Adults page) staff can find the more info of Domestic Pathway abuse including the DASH risk assessment and the referral Pathway.

Appendix E - Equality Impact Assessment

<u>Step 1 – Scoping; identify the policies aims</u>	Answer		
1. What are the main aims and objectives of the document?	To outline corporate and individual responsibilities in accordance with legislation, guidance and standards.		
2. Who will be affected by it?	All Staff , service users		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	<p>Health provider organisations have a statutory duty to safeguard and promote the welfare of Vulnerable Adults.</p> <p>Children Act s11 compliance ensuring safeguarding is treated as everyone's responsibility and children are kept safe and well.</p> <p>Domestic Violence and Abuse, Quality Standard QS116: NICE. Feb 16</p>		
4. What information do you already have on the equality impact of this document?	Policy will be applied equality to all staff members		
5. Are there demographic changes or trends locally to be considered?	Demographic differences in service provision and processes have been considered.		
6. What other information do you need?	Nil		
<u>Step 2 - Assessing the Impact; consider the data and research</u>	Yes	No	Answer (Evidence)
1. Could the document unlawfully discriminate against any group?		x	Domestic Violence is identified within legislation and policy as a significant safeguarding concern. Safeguarding is everyone's responsibility and uses an inclusive approach.
2. Can any group benefit or be excluded?		x	Safeguarding is everyone's

			responsibility
3. Can any group be denied fair & equal access to or treatment as a result of this document?	x		Safeguarding is everyone's responsibility
4. Can this actively promote good relations with and between different groups?	x		Partnership working is essential to achieve effective safeguarding outcomes
5. Have you carried out any consultation internally/externally with relevant individual groups?		x	Policy aligned to National and Local legislation, policy and guidance
6. Have you used a variety of different methods of consultation/involvement	x		Policy aligned to National and Local legislation, policy and guidance
<u>Mental Capacity Act implications</u>			
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)	x		MCA underpins safeguarding activity and is person and decision specific
<u>External considerations</u>			
8. What external factors have been considered in the development of this policy?	x		Policy aligned to National and Local legislation, policy and guidance
9. Are there any external implications in relation to this policy?	x		Policy aligned to National and Local legislation, policy and guidance, including partnership working.
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?	x		Policy aligned to National and Local legislation, policy and guidance, including partnership working. All service users who are victims of DA, perpetrators of DA, children affected by DA and wider family members.

If there is no negative impact – end the Impact Assessment here.

<u>Step 3 - Recommendations and Action Plans</u>	Answer
1. Is the impact low, medium or high?	low
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	NA
3. Are there likely to be different outcomes with any modifications? Explain these?	NA
<u>Step 4- Implementation, Monitoring and Review</u>	Answer
1. What are the implementation and monitoring arrangements, including timescales?	For whole policy review in 3 years with amendments and updates in line with service provision/ changes, changes to National and Local policy and guidance.
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	Safeguarding Team
<u>Step 5 - Publishing the Results</u>	Answer
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	