



**Coventry and
Warwickshire**
Integrated Care Board

Domestic Abuse Policy

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1.0 Introduction

This policy applies to all staff employed and/or providing or commissioning services on behalf of NHS Coventry and Warwickshire Integrated Care Board ('the ICB').

It reflects local, national, strategic and operational guidance produced in response to the growing recognition of the detrimental effects that domestic abuse has on society as a whole. It demonstrates the principle that domestic abuse and violence is unacceptable behaviour and that everyone has a right to live free from fear and abuse. It recognises the need to share information and work in partnership with other agencies with greater experience of domestic abuse in order to reduce the risk of harm to victims.

The National Health Service has a particular contribution to make in the drive to address domestic abuse. Guidance produced by the Department of Health (2005) and more recently the National Institute for Health and Care Excellence (NICE 2014) has established domestic abuse as a major concern for all health care professionals and identifies the NHS as the one service that almost all victims of domestic abuse come into contact with regularly within their lifetime - either as the first or only point of contact with professionals.

The ICB is committed to ensuring that victims of domestic abuse receive a high standard of care irrespective of age, race, culture, sexuality, religion or ability, and that equality underpins all service provision. It also recognises that perpetrators of domestic abuse may be service users.

The ICB recognises the serious adverse impacts that domestic abuse has on children who live in a violent, abusive household, and the short and long term damage to their physical and mental health. Within this context the ICB recognises its responsibilities to safeguard and protect children.

Domestic abuse is not only an issue for service users; there may also be a need to address domestic abuse issues for staff, male or female, when they themselves may be current or past victims of domestic abuse or are perpetrators of domestic abuse. The ICB recognises that domestic abuse can affect an individual's work performance and that as an employer we have a responsibility for health, safety and welfare of staff at work and seek to provide support to those affected. For some staff, the workplace is a safe haven and the only place that offers routes to safety.

- Section 11 of the Children Act 2004 imposes a duty on all NHS organisations to make arrangements ensuring that:
 - Their functions are discharged having regard to the need to safeguard and promote the welfare of children; and
 - Any services provided by another person pursuant to arrangements made by the person or body in the discharge of their functions are provided having regard to that need.
- Accordingly, this policy should be read in conjunction with the ICB's policies and procedures to safeguard children and adults.

2.0 Purpose

The purpose of this policy is to outline the requirements of the ICB in supporting the prevention and detection of domestic abuse, specifically:

- Ensure all ICB staff and partner organisations have access to guidance that enables them to identify, report concerns and support those experiencing domestic abuse.
- Ensure all staff members have access to support and effective guidance or intervention if experiencing domestic abuse, or they request it.
- Ensures confidentiality wherever possible and sympathetic handling of situations at work arising from domestic abuse.
- Facilitates early identification of domestic abuse and to offer, supportive and effective intervention to reduce the risk of harm by utilising identified care pathways.
- Ensures ICB staff members identify and address any safeguarding issues for children and vulnerable adults.
- Raises awareness of additional issues which can impact upon the safety of victims of domestic abuse from black and minority ethnic communities.
- Ensures that all departments are clear about their roles in tackling and responding to issues surrounding domestic abuse.
- Ensures that the ICB's contracted providers have appropriate policies, procedures and training in place to facilitate early identification and management of domestic abuse in order to reduce the risk of harm.
- Ensures that relevant lessons learned from Domestic Homicide Reviews (DHRs), safeguarding reviews and internal management reviews are shared within the ICB and with Primary Care colleagues and commissioned health providers.

3.0 Guiding Principles

The guiding principles for working with any adult victims who need safeguarding are:

1. Empowerment
2. Prevention
3. Protection
4. Proportionate responses
5. Partnership working

The principle of empowerment means that outcomes are at the heart of everything that is done to support the person, and that is demonstrated through a 'person-centred approach', i.e. what does the person who has been harmed want to happen?

These principles should be at the core of the response to the victim.

4.0 Roles and Responsibilities Governing Bodies

- To explicitly state the ICB's commitment to the early detection and prevention of domestic abuse;
- To ensure the ICB develops and implements a clear policy in respect of domestic abuse and communicates this to member practices and ICB staff;
- To ensure effective partnership working to support the reduction of domestic abuse.

Clinical Quality Governance Committee

As the designated committee for safeguarding, the Clinical Quality and Governance Committee is charged with:

- Receiving assurance reporting on the communication of the policy;
- Monitoring training of staff in the ICB and in commissioned providers;
- Providing scrutiny and challenge through the review of safeguarding and domestic homicide reports.

Safeguarding Team

- To facilitate adherence to the ICB Children/Adult Protection and Safeguarding Policies.
- To provide support and guidance to the work of early detection and reduction of domestic violence.

ICB Employees

All workers should:

- Be aware of the extent and impact of domestic violence and abuse and understand there is a significant overlap between domestic abuse with both child and adult protection.
- Recognise that they have a responsibility to acknowledge domestic abuse and take action to respond accordingly to the individual's needs and acknowledging their wishes
- Have access to Occupational Health support and/or counselling if they are experiencing domestic abuse

5.0 Definition

A core definition has been adopted across Government Departments which defines domestic abuse as:

'An 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.'

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

The abuse can encompass but is not limited to:

1. Physical
2. Psychological
3. Sexual
4. Financial
5. Emotional

The definition also includes 'honour' based violence, female genital mutilation (FGM) and Forced Marriage.

(Please see appendix 1 for further information on categories of abuse)

6.0 Context

A conservative estimate suggests that one in four women and one in six men will be a victim of domestic abuse in their lifetime (DH, 2017) and that 1 in 9 women presenting to health services at any one time will be currently living with abuse.

The majority of the most severe incidents and the most long-standing abuse are most commonly experienced by women as the result of the actions of men.

Although the majority of domestic abuse incidents relate to male perpetrators and female victims, this is not always the case. Domestic abuse also affects the lesbian, gay, bi-sexual and transgender community.

Domestic abuse occurs among people of all income levels, ages and among people from all black, white and minority ethnic backgrounds. In terms of domestic abuse and ethnicity, British Crime Survey findings show little variation in the experience of inter-personal violence by ethnicity (Walby, 2004).

Domestic abuse is rarely a one-off incident and should be seen as a pattern of abuse and controlling behaviour through which the abuser seeks power over their victim.

(Please see appendix 2 for vulnerabilities to Domestic Abuse)

Children and Young People

The issue of children living with domestic abuse is now recognised as a matter of concern in its own right by both government and key children's services agencies. The link between child abuse and domestic abuse is high with estimates ranging from 30% - 66% depending upon the study. Therefore, whilst domestic abuse and child abuse do not always co-exist, it can be an important indicator of a child at risk of harm from either actual physical, sexual and/or emotional abuse or by exposure to abusive relationships.

The Adoption and Children Act 2002 extended the legal definition of harming children to include harm suffered by seeing or hearing ill treatment of others, especially in the home.

In addressing the needs of children living with domestic abuse, it is important to be aware that children develop their own coping strategies; however, it is known that adverse experiences in childhood can detrimentally affect cognitive, psychological, physical, social and educational

development. This may warrant long term involvement of health services.

Domestic abuse often means that children live in an environment where there are high levels of physical punishment, misuse of power and authority and the generation of feelings of fear, anxiety and helplessness despite the best efforts of the non-abusive partner. Living with domestic abuse can cause distortion in children's perceptions of relationships, blame, cause and effect.

The welfare of a child is paramount. In cases of suspected child abuse the duty of care that any health professional owes to a child or young person will take precedence over any obligation to the parent or adult carer. Living with or witnessing domestic abuse is now recognised as a source of significant harm to children and should be responded to by professionals following the ICB Safeguarding Children and Adults at Risk of Abuse Policy.

Vulnerable Adults

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

An estimated 120,000 women over 65 have experienced at least one form of abuse (Safelives, 2017)

Women and men with a long-term illness or disability are almost twice as likely to experience domestic violence as others.

It has been recognised that individuals with learning disabilities are at risk in communities where forced marriage is prevalent.

All health professionals must follow:

- Warwickshire Safeguarding Adult Protection Policies Please click here for more information. www.coventrywarwickshireICB.nhs.uk
- Coventry Safeguarding Adult Protection Policies www.coventrywarwickshireICB.nhs.uk

(Please see appendix 3 for forms and indicators of abuse)

7.0 Multi-Agency Risk Assessment Conference (MARAC)

A Multi Agency Risk Assessment Conference (MARAC) is a victim focused information sharing and risk management meeting attended by all key agencies, where high risk domestic abuse cases are discussed. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety. In a single meeting, MARAC combines up to date risk information with a timely assessment of a victim's needs and links those directly to the provision of appropriate services for all those involved in a domestic abuse case: victim, children and perpetrator.

If, following a risk assessment, an individual is assessed as high risk or they are over 18 and facing a forced marriage situation, they can be referred into a Multi-Agency Risk Assessment Conference (MARAC).

8.0 Domestic Homicide Reviews

The Domestic Violence, Crime and Victims Act (2012) states: 'Domestic Homicide Review' means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by: –

(a) a person to who (s)he was related or with whom (s)he was or had been in an intimate personal relationship, or

(b) a member of the same household as her/himself.

These are held with a view to identifying lessons to be learnt from the death.

The ICB complies with this duty and actively engages in DHRs. The Designated Professional Safeguarding Adults and the Designated Nurse Safeguarding Children attend and contribute to these reviews.

8.1 Staff or member practices may be asked to support the DHR process with the provision of or information to support Independent Management Reviews (IMRs) or access to healthcare records as required. The ICB will comply with this duty and will adhere to the guidance when participating in a review (see Safeguarding ICB Policy).

9.0 Staff experiencing domestic abuse

With the prevalence of domestic abuse in our society there is a potential that some members of ICB staff will suffer abuse at the hands of someone close to them. The ICB needs to have clear and effective responses to help minimise the impact of domestic abuse upon employees. Domestic abuse can affect work performance and the health and safety of employees are committed to creating a working environment that supports staff experiencing domestic abuse.

Staff are not obliged to tell anyone at work about their domestic situation, however there are many support mechanisms available such as line manager, HR representative, Trade Union representatives and Validium.com (see staff intranet page)

It is therefore recommended that staff talk to someone at work if they feel their personal situation is affecting work – specific details are not necessary but a joint approach to problem solving to resolve work issues is essential.

Staff offering support to work colleagues should follow the same basic principles and practices outlined in this policy and recommend referral to a staff support service and/or domestic abuse specialist service.

As part of this support it may be helpful to consider changes to working times, informing a member of staff of safe departures and arrivals at home/work and the availability of emergency contact details.

The Safeguarding Team can support and assist any member of staff experiencing abuse.

(Please see appendix 4 for supportive conversations about domestic abuse)

Confidentiality

Staff who disclose that they are experiencing domestic abuse can be assured that the information they provide is confidential and will not be shared with other colleagues without their permission.

There are however, some circumstances in which confidentiality cannot be assured. This may occur when there are concerns regarding children, adults at risk or where the organisation is required to protect the safety of their staff. In these circumstances, the member of staff will be informed as to the reasons why confidentiality cannot be maintained. Information will only be shared on a need to know basis.

If a staff member discloses that they are a perpetrator of domestic abuse, confidentiality cannot be guaranteed. However, information will only be shared in order to fulfil the ICB's duty to safeguard staff and the public, which can include the perpetrator's family, especially when there are children within the household.

The manager also has a duty to report the issue to the HR department, who will deal with the matter as per the disciplinary policy and procedures / allegations against staff policy.

Staff who are perpetrators of domestic abuse

Abusive behaviour is the responsibility of the perpetrator. Domestic abuse is a serious matter that can lead to a criminal conviction. If you are hurting somebody and want help please contact the Respect National Helpline (0808 802 40 40).

The ICB takes any form of acts committed in relation to domestic abuse very seriously. It is important that staff are aware of the seriousness regarding this which potentially may lead to criminal convictions. Any such conduct may also be investigated under the ICB's Disciplinary Policy and Procedure if it is found the individual is not suitable to undertake their role. Where a disclosure has been made by a perpetrator, the ICB will apply their local policies and procedures in addressing the conduct.

The legal duty for employers to refer People in a Position of Trust to the Disclosure and Barring Service (DBS) may apply. Where a referral to the DBS is required careful consideration should be given to the type of information needed.

If the member of staff works with children the employer must also inform the Local Authority Designated Officer (LADO) within one working day when an allegation is made and prior to any further investigation taking place.

Warwickshire LADO, a referral form is used:

<https://www.safeguardingwarwickshire.co.uk/safeguarding-children/i-am-a-parent-carer/information-for-parents/allegations-against-people-who-work-with-children-young-people>

The referral form is emailed to the LADO at their direct email address which is: **lado@warwickshire.gov.uk**.

Coventry LADO, a referral form is used:

[https://myaccount.coventry.gov.uk/service/Allegations against people who work in positions of trust with children referral](https://myaccount.coventry.gov.uk/service/Allegations%20against%20people%20who%20work%20in%20positions%20of%20trust%20with%20children%20referral)

email: lado@coventry.gov.uk tel: 024 76975483 or use the link for the referral form:

The ICB's Disciplinary Policies and Procedures provide further good practice guidance for managers and staff and can be found on the intranet.

10. Training

The ICB expects that all members of staff and Governing Body members receive mandatory training on recognising and responding to domestic abuse, appropriate to their role and level. This is included in the training for Safeguarding Adults and Children Awareness (Levels 1, 2 and 3).

The ICB will monitor training of its contracted providers and report training uptake on a bi-monthly basis. It will also utilise the Safeguarding assurance tool every six months for all providers and report the outcomes to its Clinical Quality and Governance Committee.

The ICB is statutorily required to provide training to Primary Care contractors; and they will report on the training uptake of its member practices to its Clinical Quality and Governance Committee.

11. Monitoring the Compliance and Effectiveness of this Policy

This policy will be routinely reviewed every three years. The Heads of Safeguarding for Children and Adults will provide regular reports outlining activities and developments on domestic abuse to the ICB's Governing Body and Clinical Quality and Governance Committee. Should such reports highlight the need to amend the policy earlier; this will be recommended to the Committee.

Where gaps or omissions are identified within commissioned provider services, the Heads of Safeguarding/ Designated Nurses will either:

- Inform the provider and request immediate action to bridge the gap/omission and/or
- Inform and discuss with the ICB Executive Lead for Safeguarding.

12. References and Supporting Documentation

The Children Act (1989)
Every Child Matters (2004)
The Crime and Disorder Act (1998)
Domestic Violence, Crime and Victims Act (2004).
Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (Home Office, 2011)
Call to End Violence Against Women and Girls: Strategy (HM Government, 2010) and Action Plan (HM Government, 2011).
Improving Services for Women and Child Victims of Violence: Action Plan (Department of Health, 2010).
Responding to Domestic Abuse; A Handbook for Health Professionals (Department of Health, 2017)
"The Right to Choose" issued under s63 (Q) 1 Forced Marriage (Civil Protection) Act 2007.
Forced Marriage and Learning Disabilities: Multi-Agency Practice Guidelines (FMU, 2010).
Female Genital Mutilation Act (2003)
Female Genital Mutilation: Multi-Agency Practice Guidelines (HM Government, 2017)
Safeguarding Adults: The Role of Health Services (Department of Health, 2011)
The Care Act : (SCIE 2014)
The National Institute for Health and Clinical Excellence (NICE) Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively (2016)
Striking The Balance' MARAC and Caldicott Guardian guidance for sharing information at MARAC (2012).
Royal College of Midwives (2006) Domestic Abuse in Pregnancy. Position Paper, London. NICE Pregnancy and Complex Social factors (2010).
Safer 2006–08. The Eighth Report of the Confidential Enquiries into Maternal Deaths in the United Kingdom. Centre for Maternal and Child Enquiries (2011).
Domestic Abuse Bill- overarching factsheet HM Government (2020)
Adoption and Children Act (2002).
Female Genital Mutilation Act (2003).
Serious Crime Act (2015)
Domestic Violence, Crime and Victims Act (2004)
Domestic Violence Act (2018)
Care Act (2014)
Forced Marriage (Civil Protection) Act 2007.
Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively (NICE 2016).
Department for Children, Schools and Families (2009) Understanding Serious case reviews and their Impact.

Department for Education (2010) Learning from serious case reviews: Report of a research study on the methods of learning lessons nationally from serious case reviews.
Department of Health (2007) The Protection of Children and Vulnerable Adults
Department of Health (2010) Improving Services for Women and Child Victims of Violence: Action Plan.
Department of Health (2011) Safeguarding Adults: The Role of Health Services.
Department of Health and UK Council of Caldicott Guardians (April 2012) 'Striking the Balance' Practical Guidance on the application of Caldicott Guardian Principles to Domestic Violence and MARACS (Multi Agency Risk Assessment Conferences).
Forced Marriage Unit (2010) Forced Marriage and Learning Disabilities: Multi-Agency Practice Guidelines.
Home Office (2010a) Call to End Violence Against Women and Girls: Strategy and Action Plan (2011).
Home Office (2010b) Homicides, firearm offences and intimate violence 2009/10: Supplementary volume 2 to crime in England and Wales 2008/09 [online].
Home Office (2011) Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews.
HM Government (2011) Female Genital Mutilation: Multi -Agency Practice Guidelines. Nicola Kennair and David Mellor (2007) Parent abuse: a review.
The National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) (2011-2014) Public Health Guidance: Final Scope. Preventing and Reducing Domestic Violence between Intimate Partners.
Walby.S (2009) The cost of Domestic Violence: updates 2009

Appendix 1 Categories of Abuse

Psychological/emotional	Making a person feel scared or intimidated, or telling a person they are worthless. Includes for example threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation
Physical	For example, hitting, slapping, pushing, kicking, misuse of medication, illegal restraint or inappropriate physical sanctions.
Sexual	Any non-consenting sexual acts such as rape, forcing sex or specific sexual acts, unwanted use of pornography or criticising performance.
Financial	Taking away a person's financial independence, e.g. not allowing a person to work or monitoring how a person spends their money. The use of a person's property, assets, income, funds or any resources without their informed consent or authorisation
Neglect or acts of omission	Ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
Institutional	Whenever any form of abuse is caused by an organisation neglect and poor practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home
Discriminatory	Abuse based on a person's race, gender, gender identity, age, disability, sexual orientation or religion; or other forms of harassment, slurs or similar treatment or hate crime/hate incident

Forced Marriage

Forced marriage is a form of domestic abuse. Where one or both parties are under 18 years of age, it is a form of child abuse and **must** be referred to Children's Social Care following local procedures.

Where the marriage involves an adult at risk, it is also deemed as adult abuse and must be managed under local safeguarding adult procedures, accessed at:

Female Genital Mutilation (FGM)

WHO (2000) defines FGM as 'procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons'.

Further information on FGM can be accessed at:

www.coventrywarwickshireICB.nhs.uk

Honour Based Violence

"Honour crime", "honour based violence" or "izzat" embraces a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where a person is being punished by their family or community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour, the person's shows they have not been properly controlled to conform by their family and this is to the "shame" or "dishonour" of the family (HM Government 2009).

Stalking

Stalking is a pattern of repeated and persistent unwanted behaviour that is intrusive and engenders fear, it is when one person becomes fixated or obsessed with another and the attention is unwanted. Threats may not be made but victims may still feel scared.

Importantly threats are not required for the criminal offence of stalking to be prosecuted. Stalking within an abusive relationship is very common and often the perpetrator may use the workplace to support stalking behaviour. For example, the perpetrator may follow the victim to work, watch or spy on the victim or try to monitor the victim via electronic devices or try to contact the victim via email, texting or telephone. The perpetrator may attempt to enter the victim's workplace or try to gain information from the victim's colleagues. According to Paladin – National Stalking Advisory Service 2018, 75% of domestic abuse stalkers will turn up at the victim's workplace, 1:2 Domestic Abuse Stalkers do act on threats made and 40% of victims of domestic homicide had been stalked.

Stalking could also occur within the workplace when a victim and perpetrator are both employed by the same organisation. This may take the form of watching/spying on the victim and monitoring whereabouts and making contacts via telephone or electronic devices. Stalking is a crime and any concern related to stalking which is highlighted in the workplace should be taken seriously. The victim should be advised to report stalking to the Police. Any disclosure of stalking with threats of harm should be reported to the Police even if the victim does not consent.

Self-neglect

Neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding.

Radicalisation

Causing someone to become an advocate of radical political or social reform, by supporting terrorism and violent extremism.

Appendix 2 Vulnerable groups

While anyone can be a victim of domestic abuse, certain groups are in a more vulnerable position than others. The Confidential Enquiry into Maternal and Child Health (CEMACH), for example, found that 30 per cent of domestic abuse begins during pregnancy, with pregnant women more likely to have multiple sites of injury, indicating that the foetus and the woman herself are the focus of the perpetrator's abuse.

Other factors include:

Being female

Long-term illness or disability (women and men with a long-term illness or disability are almost twice as likely to experience domestic violence as others)

Use of any recreational drug in the last year

Marital status (married people had the lowest risk, while those who had previously been married had the highest risk)

Age (women in younger age groups, in particular in those aged 16–24 years are at greatest risk)

Alcohol or drug consumption (partner assaults are four to eight times higher among people seeking treatment for substance-dependence) (Murphy and Ting 2010)

Pregnancy (the greatest risk is for teenage mothers and during the period just after a woman has given birth (Harry Kissoon et al. 2002)

LGBT Action Plan 2018: Improving the lives of Lesbian, Gay, Bisexual and Transgender people - 3 July 2018

Appendix 3 Forms of Abuse and Potential Indicators

<p>Physical Punching Shoving Hitting Drowning Biting Beating Pushing Choking Stabbing Rape Burning Scalding Denying sleep</p>	<p>Threats To kill her/him To kill or hurt her/his children To abuse children To withhold care if ill or disabled To find her/him if she/he leaves To have her/him locked up – she/he is mad/unfit Blame her/him for breaking up family Turn children against her/him Abuse her/him in front of children Smash or burn everything</p>
<p>Emotional Jealousy Telling her/him she/he’s worthless Boasting about abuse to friends Forcing to do things at exact times, in exact ways Undermining Telling her/him she/he’s a bad mother/father Telling her/him she/he couldn’t manage on her/his own Repeated criticism</p>	<p>Sexual Rape Anal rape Forcing sex when ill or tired Forcing sex with others Forcing to mimic pornography Using objects during sex Forcing sex with friends Forced prostitution Forcing to be photographed</p>
<p>Isolation No visitors, friends, family Locking in house/room Not allowed to work/attend college/evening class Accompanying her to and from work Not allowed out on own walking When out not allowing to talk to anyone</p>	<p>Financial/Economic Making her/him beg for money Threatening to kick her/him out of house Withholding information re welfare benefits by isolating her/him Running up debts in her/his name Withholding money for basic necessities</p>
<p>Potential indicators Partner always accompanies patient for no apparent reason. Patient is submissive and/or reluctant to speak in front of partner; they appear frightened, overly anxious or depressed. Patient presents with unexplained bruises, whiplash injuries consistent with shaking, areas of erythema consistent with slap injuries, lacerations, burns or multiple injuries at different stages of healing. Injuries to the breast or abdomen. Injuries to face, head or neck - common injuries include perforated eardrums, detached retinas. Recurring sexually transmitted infections or urinary tract infections. Evidence of sexual abuse. Hair loss - consistent with hair pulling. Presentation with alcohol and/or substance abuse, depression, anxiety, self-harm, self-neglect, eating disorders or psychosomatic symptoms. Obsessive compulsive disorder. History of behaviour problems or unexplained injuries or abuse affecting children.</p>	

Suicide attempts.

History of repeat miscarriages, terminations, still births or pre-term labour.

Poor contraceptive use.

Poor or non-attendance at antenatal clinics.

Non-compliance with treatment.

Early self-discharge from hospital.

Substantial delay exists between time of injury and presentation for treatment.

Review of medical record reveals that patient has presented with repeated 'accidental' injuries.

Restrictions on access to money;

Restrictions in relation to work, education and social life;

Children having issues such as behavioural difficulties, being withdrawn or sleep problems.

Appendix 4 Supporting Conversations about Domestic Abuse

Allow them the opportunity to talk about their experiences and disclose the abuse if they want to.

The conversations should not be thought of as a one off and often can be carried out over multiple sessions.

Prepare yourself with the information needed so that you can respond appropriately in the event of a disclosure.

People will only feel comfortable in talking about very personal issues under certain circumstances. They need to feel that;

- You are genuinely interested
- You will be non-judgemental
- You know how to respond if they disclose or discuss their problems with you.

Many people do not recognise that they are victims of domestic abuse, therefore asking a direct question about domestic abuse, will often get a negative response. It may be more pertinent to ask questions about their own experiences, such as;

- Are you having any problems at home?
- Do you feel safe at home?
- Is anyone hurting you?
- Is anyone making you do things you don't want to do?
- Are you frightened of anyone?
- Is anyone making it difficult for you to come to work?

Use "Framing"

We are aware that there are many people who experience being hurt or scared at home, so we ask everyone if this is something they experience so we can support them. Is this something that has happened or is happening to you?

Or:

I have noticed that you have seemed unhappy recently, is there any problems at work or at home that you want to tell me about?

Or:

You don't have to tell me anything you don't want, but I just want to let you know that if there is something that is upsetting you either at home or work, we can help to support you.

If a person answers negatively, you need to continue to offer support at appropriate times, whilst being respectful of their wishes. Always ask the question, thus allowing the opening of the conversation, but do not pursue further if the employee clearly doesn't want to talk.

The questions can be very simple, open questions

Tell me about how you are?

Is there anything you want to tell me about?

Are you having any problems that I can help you with?

If an employee discloses domestic abuse

In the event of a disclosure, you need to be led by the person who has disclosed.

Allow them to talk without interruption and ensure that they know that you are actively listening.

If needed prompt them to tell you about information that helps you to understand the risk to themselves and others.

This may not always be appropriate and should not be undertaken if not confident to do so. However, asking the victim these questions can help to identify the level of risk.

Is the perpetrator using alcohol or other substances?

Is the perpetrator controlling access to other people/ money/ support?

Are you scared that they may seriously hurt/ kill you?

Have they ever hurt your children?

What is the worst thing that has happened?

Have they ever used a weapon?

Have you got any support?

Are you thinking of leaving?

Do you have a safety plan? (*Information on Safety planning can be here:*

<https://www.womensaid.org.uk/the-survivors-handbook/making-a-safety-plan/>)

You have a duty to refer if you feel that there is a significant risk of harm to children or adults at risk. You also have a duty to report any crime to the police.

You should, if at all possible, discuss what you are going to do with the employee.

A person who has been abused is often felt 'done to', so allow the person to choose their own support by asking:

What would you like to happen next?

What sort of support would you like?

This is what I can do to help, what would you like me to do?

Remember; one of the most dangerous times for a victim of domestic abuse is when they are planning to leave, as they leave and immediately after they leave. Never advise a victim of abuse to leave immediately as they need to plan this carefully with advice and support to reduce the risk.

Appendix 5 Local and National Contacts

Domestic Abuse Services in Coventry

Coventry Domestic Abuse Partnership

Safe to Talk Partnership is jointly delivered by Coventry Haven Women's Aid; Panahghar and Relate.

Coventry Domestic Abuse Partnership: <http://www.safetotalk.org.uk/contact/>

Coventry Haven Women's Aid: <https://www.coventryhaven.co.uk/>

Panahghar: <https://www.safehouse.org.uk/>

Relate: <http://www.relatecoventry.org/>

Helpline: 0800 111 4998 Is open from 8.30am - 5pm Monday - Friday

10am - 1pm Saturday – Sunday

[Email contact form](#)

Services for victims include specialist support, advice and advocacy to all victims, including specialist support for:

- Male victims
- Black and Minority Ethnic communities
- Lesbian, Gay, Bisexual and Transgender victims

Children and Young people's support is delivered using the Relate WISH Project of which provides specialist advice, support and counselling for those ages 5-18.

The Perpetrator service is delivered by Relate Choose to Change programme, which offers support in group and 1:1 settings.

Supported Accommodation is delivered separately to Safe to Talk by Valley House.

Phone: 0800 328 9084

Referrals can also be sent to Referrals@Valleyhouse.org.uk

Independent Domestic Violence Advisors (IDVAs)

The IDVAs provide support to high risk victims of domestic violence and abuse. They work with the victim to develop an intensive risk management plan and ensure they are receiving all the support required to keep themselves and their families safe. They also offer support to clients who are accessing the criminal justice system and need support during criminal or civil legal proceedings. The IDVAs can provide support during court hearings, act as an advocate and refer victims to a range of other specialist agencies and support. IDVAs are available for all high risk female and male victims of domestic violence and abuse aged from 16 and accepts both self-referrals and referrals from any agency

Services for Victims

Domestic Abuse Support Service:

IRIS (Identification and Referral to Improve Safety) – This is a collaboration between the ICB, Public health and Coventry Haven Women's Aid to support patients who are or have experienced Domestic abuse or are perpetrators looking for support.

Referrals are made via patients GP to IRIS Advocate Educators who are Domestic Abuse Specialists and can support emotionally, practically (Safety planning, Risk assessing,

Housing, Finance) and make any appropriate onward referrals for all victims (Male & Female) and perpetrators.

Legal aid - contact the Coventry Law Centre on 024 7622 3053 or at enquiries@covlaw.org.uk

Women and children

Coventry Haven provides support, advice and safe accommodation for women and children experiencing domestic violence and abuse. Call 024 7644 4077.

You can contact the National Domestic Violence Helpline on 0808 2000 247 if you're a woman experiencing domestic abuse.

Children

The Wish Project run by Relate - Specialist domestic abuse service to support children and young people aged 5-18 years. Telephone the Wish Team at Relate Coventry and Warwickshire on 024 7622 5863 or email info@relatecoventry.org

Safety Planning/ Protective Behaviours

Advice and support including children's advocacy work

Individual Counselling

Family Counselling

Specialist Children's IDVA to support children through the court process

Group Work – weekly sessions

Dart programme (Domestic Abuse Recovery Together) – A 10 week programme working with mothers and children aged 7 – 14 years of age

Delivered from community venues including schools, family hubs and Relate premises

Male victims

You can contact the Men's Advice Line on 0808 801 0327 if you're a man experiencing domestic abuse.

ManKind - 01823 334244 Support for male victims of domestic abuse and male victims of domestic violence from across the whole of the UK.

LGBT Organisations

Galop is the UK's only specialist LGBT+ anti-violence charity. Call Galop on 0800 999 5428.

<https://www.galop.org.uk/domesticabuse/>

Black and Ethnic Minorities Organisations

Panahghar Asian Women's Refuge: Panahghar provides free dedicated BAME multi-lingual support, advice and advocacy and access to safe refuge for survivors and their families of domestic abuse, sexual abuse or gendered abuse in Coventry and Leicester. If English is not your first language, contact us on 0800 055 6519 or Tel: 024 7622 8952 <https://www.safehouse.org.uk/index.htm>

Tamarind Centre: The Tamarind Centre is a registered charity that was established in 1989 (formally known as Coventry Black Mental Health Association)

The Primary aim of the organisation is to provide support to the BME (Black Minority Ethnic) Communities of Coventry in particular African Caribbean and Asian people who are

experiencing Mental Ill Health, using the services we offer. Tel: 024 7622 7712

<http://tamarindcentre.co.uk/index.html>

Sahill: Sahil is a South Asian mental health and wellbeing support centre providing services across Coventry and Warwickshire. Tel: 024 7663 8754

<https://sahilproject.co.uk/>

Homelessness Prevention Service

Call the Homelessness Prevention Service on 024 7683 4025.

For more details on priority need and local connection, call Shelter on 0808 800 4444.

No recourse to public funds

If you have entered the UK on a spouse or partner visa you may not qualify for homelessness help. You will need to apply to the Home Office's Destitute Domestic Violence Concession for permission to stay in your own right. You will then be able to access the Council's full homelessness service.

Coventry Law Centre: <https://www.centralenglandlc.org.uk/asylum-and-immigration-law>

For support with making the DDVC application, they will also undertake work at all stages of the immigration and asylum process, including representing individuals and families in appeals and applications for judicial review.

You can get specialised advice from the Coventry Refugee and Migrant Centre: <https://www.covrefugee.org/> call 024 7622 7254 or by attending the drop-in immigration advice clinic. This takes place every Monday, Tuesday & Thursday 9am – 15:30pm Friday 9am – 14:30pm at Norton House, Bird Street, CV1 5FX.

CRASAC (Coventry Rape and Sexual Abuse Centre) - www.crasac.org.uk

CRASACs helpline is open Monday to Friday 10am to 2pm and Monday and Thursday from 6pm to 8pm. Tel: 024 76 277777.

It offers free and confidential support and information to anyone from the age of 5 years old who has been affected by sexual violence, no matter when or how it happened. It also provides support to parents, partners, supporters and professionals.

The helpline can also book you an appointment to see a counsellor or a crisis and advocacy worker for ongoing support, signpost you to other services if you need them and arrange for language interpreters if someone's first language is not English.

CRASAC has been delivering specialised support services for survivors of rape and sexual abuse for the last 36 years and support over 8500 women, men and children through our services every year.

Services for Perpetrators

Choose 2 Change Perpetrator Programme (C2C).

Offer includes: Respect Approved group work 18 week programme for anyone over 18 years old and living in Coventry

1-2-1 work with perpetrators

Group work

1-2-1 work with female perpetrators

Support for male victims of domestic abuse

Working to end abusive behaviour

NHS Coventry and Warwickshire Integrated Care Board, Domestic Abuse Policy, 1 July 2022 V1.0

Review Date: April 2024

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Developing better relationships with family and friends
Increasing self-respect
All partners/ex partners of men will be offered parallel support by the women's services

Domestic Abuse Services in Warwickshire

Warwickshire Against Domestic Abuse: <https://www.refuge.org.uk>

Refuge deliver open access, advice and information for anyone concerned about domestic abuse via a specialist helpline, website and drop-in sessions. All services can be accessed through the helpline number.

Drop-In clinics are delivered across the county; please contact the service for further details.
Specific services include:

Specialist domestic abuse helpline: Free phone 0800 408 1552

Mon – Fri 09:00 – 21:00

Sat 08:00 – 16:00

Referrals line for professionals: 0845 155 0376

Mon – Fri 09:00 – 17:00

This number can also be used for contacting the MARAC Co-Ordinator

Domestic Abuse Support Service:

IRIS (Identification and Referral to Improve Safety) –to support patients who are or have experienced Domestic abuse or are perpetrators looking for support.

Referrals are made via patients GP to IRIS Advocate Educators who are Domestic Abuse Specialists and can support emotionally, practically (Safety planning, Risk assessing, Housing, Finance) and make any appropriate onward referrals for all victims (Male & Female) and perpetrators.

Housing related support

Housing related support develops and sustains a service user's capacity to live independently in their accommodation. As well as supporting victims in relation to their accommodation the service offers support with many other aspects including:

- Personal safety and security
- Finances, bills etc..
- Education, training and employment
- Health and wellbeing Social skills, networks, activities etc....

Specialist support for

- Male victims - Men's Advice Line - Tel: 0808 801 0327 Monday - Friday 10am- 1pm and 2pm - 5pm
- Black and Minority Ethnic communities - Panahghar Asian Women's Refuge: Panahghar provides free dedicated BAME multi-lingual support, advice and advocacy and access to safe refuge for survivors and their families of domestic abuse, sexual abuse or gendered abuse in Coventry and Leicester. If English is not your first language, contact us on 0800 055 6519 or Tel: 024 7622 8952 <https://www.safehouse.org.uk/index.htm>
- Lesbian Gay Bisexual and Transgender victims - Broken Rainbow - Tel: 0845 260 4460 Monday to Friday 9am to 1pm and 2pm to 5pm For lesbian, gay, bisexual & transgender people who experience domestic violence

Sanctuary Scheme

The Sanctuary Scheme provides support to help victims to remain living safely in their own homes once they have ended their relationship, including the installation of home security measures. The project is for all female and male victims of domestic violence and abuse aged from 16 who are living in any type of property within Warwickshire. The project accepts both self-referrals and referrals from any agency.

WCC funded domestic abuse services in Warwickshire have been re-commissioned with new providers in place as of April 2017.

Independent Domestic Violence Advisors (IDVAs)

The IDVAs provide support to high risk victims of domestic violence and abuse. They work with the victim to develop an intensive risk management plan and ensure they are receiving all

the support required to keep themselves and their families safe. They also offer support to clients who are accessing the criminal justice system and need support during criminal or civil legal proceedings. The IDVAs can provide support during court hearings, act as an advocate and refer victims to a range of other specialist agencies and support. IDVAs are available for all high risk female and male victims of domestic violence and abuse aged from 16 and accepts both self-referrals and referrals from any agency

Multi-Agency Risk Assessment Conference coordination

Multi-Agency Risk Assessment Conferences (MARACs) are multi-agency meetings which focus on the safety plan of high-risk victims of domestic abuse. Professionals concerned that a victim of domestic violence and abuse may be at a high level of risk of harm can refer cases to the MARAC Co-ordinator.

Domestic Abuse Refuge Service

Refuges provide safe emergency housing and support to women (aged 16 and over) and their children escaping domestic violence and abuse. Addresses are confidential.

Leamington: 01926 832 861 9am – 5pm

Nuneaton: 02476 388 093 9am – 5pm

Rugby: 01788 571 589 9am – 5pm

Out of hours contact: 07584 233 473.

Domestic Abuse Counselling Service (DACS)

DACS is committed to the protection of women and children by providing therapy for victims and perpetrators of abuse to enable them to make the changes they need to make in their life.

Email: enquiries@dacs-service.org.uk

Website: <http://www.dacs-service.org.uk> Tel: 0845 0044075

Address: CVS House, 72 High Street, Nuneaton, Warwickshire, CV11 5DA.

Blue Sky Centre (Sexual Assault Referral Centre)

The Blue Sky Centre is a Sexual Assault Referral Centre (SARC) for women, men and children; it recognises all forms of sexual violence including: Rape, Sexual Assault, Childhood Sexual Abuse, Rape within marriage, Female Genital Mutilation, Trafficking and Sexual Exploitation.

What is a SARC?

A Sexual Assault Referral Centre is a single location where any victim of Rape or Serious Assault will receive medical care, police intervention (if you choose to report the crime) and various other support services. A SARC is an independent service that can operate 24/7 to assist all victims of Rape and Sexual Assault. Our SARC is a local partnership between the police, health services and voluntary organisations set up to focus on your immediate support needs.

The Blue Sky Centre offers the following services:

- Dedicated forensically secure facility integrated with hospital services.
- Availability of forensic examination 24 hours a day within 4 hours of immediate need.
- Self-referrals can be made.
- Forensic Results can be stored.
- A female medical practitioner wherever possible.
- Crisis workers available to provide immediate support to the victim.
- Immediate access to emergency contraception and drugs to prevent sexually transmitted diseases and HIV.
- Referral pathways to Independent Sexual Violence Advisors.
- Signposting and referral to other appropriate statutory and voluntary services.

Opening Hours:

The SARC will usually be staffed during normal working hours but will be available for use via a call- out system on a 24/7 basis 365 days of the year.

Contacting the SARC:

The SARC telephone number is 02476 865505. You can call and discuss the circumstances with us and we will advise you about the most appropriate next steps which may be an appointment at the SARC for a forensic examination or a referral to other services that can help you.

Whilst anyone can attend the Centre without an appointment we would not be able to see people immediately if both wings are already in use, so prior contact is recommended by calling us.

The Blue Sky Centre is located on the site of George Eliot Hospital in Nuneaton.

Rape or Sexual Abuse Support Project (RoSA)

Confidential support for Survivors of rape or sexual abuse, men & women, individual & group support. Support for young survivors from the age of 13 years.

24 hour confidential answerphone. Tel 01788 551151

Address: P.O. Box 151, Rugby, Postcode CV21 3WR Email rosa.support@btconnect.com
Website: <http://www.survivorguide.co.uk/>

Safeline

Safeline Warwickshire - is a leading specialist independent charity providing support to survivors and their families of sexual abuse and rape across Warwickshire and surrounding areas. Males and females, young and older, from diverse communities can access a range of provision including free phone telephone helpline, 121 counselling/psychological sessions, support groups, ISVA, training, CAF, APE, young people and schools projects.
For the full range of services refer to – www.safeline.org.uk

Safeline free phone helpline number: 0300 123 2028 Monday to Friday, 7:30pm to 9:30pm.

Email: office@safeline.org.uk

Postal address: Safeline, 6a New Street, Warwick CV34 4RX Office Telephone No.: 01926 402 498

Services for Perpetrators

Domestic Abuse Counselling Service (DACS)

DACS is committed to the protection of women and children by providing therapy for victims and perpetrators of abuse to enable them to make the changes they need to make in their life.

Tel: 0845 0044075

Address: CVS House, 72 High Street, Nuneaton, Warwickshire, CV11 5DA. Email: enquiries@dacs.service.org.uk
Website: <http://dacs.service.org.uk/>

Other Useful Services

Citizen's Advice Bureau

Citizens Advice Bureau offer free, confidential, impartial and independent advice from many locations in Warwickshire. Our advice helps people resolve their problems with debt, benefits, employment, housing, discrimination, and many more issues. It is available to everyone. Advice may be given face-to-face or by phone. Most bureaux can arrange home visits and some also provide email advice. A growing number are piloting the use of text, online chat and webcams.

Search for your local bureau to see the full range of services it provides:

<http://www.citizensadvice.org.uk/index/getadvice.htm>

Local Authority Housing Teams:

- North Warwickshire Borough Council - Tel 01827 715341

Website: <http://www.northwarks.gov.uk/housing>

- Nuneaton and Bedworth Borough Council – Tel 0247 7637 6376

Website: <http://www.nuneatonandbedworth.gov.uk/housing>

- Rugby Borough Council – Tel 01788 533 533
Website: <http://www.rugby.gov.uk/housing>
- Stratford-on-Avon District Council - Tel 01789 267575
Website: <http://www.stratford.gov.uk/community/community-113.cfm>
- Warwick District Council – Tel 01926 450000
Website: <http://www.warwickdc.gov.uk/WDC/Housing/default.htm>
- Coventry City Council – Tel 08085 834333
Website: <http://www.coventry.gov.uk/info/82/housing>

National Services: Victims

National Domestic Violence Helpline - Tel: 0808 2000 247 – 24 hours a day
The Freephone 24 Hour National Domestic Violence Helpline, run in partnership between Women’s Aid and Refuge, is a national service for women experiencing domestic violence, their family, friends, colleagues and others calling on their behalf.

Forced Marriage Helpline - Tel: 0800 5999 247 Mon – Fri 9.30am – 5pm
Called the ‘Honour Network’, the dedicated helpline is run by the charity Karma Nirvana, which helps survivors of honour crimes and forced marriages

Broken Rainbow - Tel: 0845 260 4460 Monday to Friday 9am to 1pm and 2pm to 5pm For lesbian, gay, bisexual & transgender people who experience domestic violence

Men’s Advice Line - Tel: 0808 801 0327 Monday - Friday 10am- 1pm and 2pm - 5pm
A helpline for male victims of domestic violence and abuse

National Services: Perpetrators

Respect - Tel: 0808 802 4040 Monday - Friday 10am - 1pm and 2pm - 5pm
A helpline offering information and advice to people who are abusive towards their partners and want help to stop <http://respectphoneline.org.uk/>

Everyman Project - Tel: 0207 263 8884
Everyman offers a range of support services for men who want to stop behaving violently or abusively, and for the people affected by their violence or abuse.
<http://www.everymanproject.co.uk/>

National Services: Children

ChildLine - Tel: 0800 1111 – 24 hours a day
ChildLine is the free helpline for children and young people in the UK who want to talk about any problem.

www.thehideout.org.uk

A website for children and young people living with Domestic Violence and Abuse.

<http://thisisabuse.direct.gov.uk/>

A website for children and young people living with Domestic Violence and Abuse.

Appendix 6

Equality Impact Assessment

Project / Policy Details

What is the aim of the project / policy?

The Domestic Abuse policy reflects local, national, strategic and operational guidance in response to the growing recognition of the detrimental effects that domestic abuse has on society as a whole. It demonstrates the principle that domestic abuse is behaviour that should not be accepted and that everyone has a right to live free from fear and abuse. It recognises the need to share information and work in partnership with other agencies that may have greater experience of domestic abuse in order to reduce the risk of harm to victims.

Who will be affected by this work? e.g staff, patients, service users, partner organisations etc.

The policy is related to CWICB staff.

Is a full Equality Analysis Required for this project?

Yes	Proceed to complete this form.	No	Explain why further equality analysis is not required.
If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.			

Equality Analysis Form

1. Evidence used

What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

The impact of this policy reflects the Domestic Abuse Act 2021 and all protected characteristics and Human Rights values given due regard. The evidence used to inform this policy consists of: Domestic Abuse Act (2021), advice and guidance from the Department of Health, current relevant regional policies and guidance and NHS England/Improvement guidance. In summary, any negative impact on equality is unlikely and the policy is concordant with current advice and guidance from the Domestic Abuse Act (2021), Department of Health and NHS England.

2. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

Age: A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds)
The impact of this policy reflects the Domestic Abuse Act 2021 and all protected characteristics and Human Rights values given due regard. The evidence used to inform this policy consists of: Domestic Abuse Act (2021), advice and guidance from the Department of Health, current relevant regional policies and guidance and NHS England/Improvement guidance. In summary, any negative impact on equality is unlikely and the policy is concordant with current advice and guidance from the Domestic Abuse Act (2021), Department of Health and NHS England.
Disability: A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities
The impact of this policy reflects the Domestic Abuse Act 2021 and all protected characteristics and Human Rights values given due regard. The evidence used to inform this policy consists of: Domestic Abuse Act (2021), advice and guidance from the Department of Health, current relevant regional policies and guidance and NHS England/Improvement guidance. In summary, any negative impact on equality is unlikely and the policy is concordant with current advice and guidance from the Domestic Abuse Act (2021), Department of Health and NHS England.
Gender reassignment (including transgender): Where a person has proposed, started or completed a process to change his or her sex.
The impact of this policy reflects the Domestic Abuse Act 2021 and all protected characteristics and Human Rights values given due regard. The evidence used to inform this policy consists of: Domestic Abuse Act (2021), advice and guidance from the Department of Health, current relevant regional policies and guidance and NHS England/Improvement guidance. In summary, any negative impact on equality is unlikely and the policy is concordant with current advice and guidance from the Domestic Abuse Act (2021), Department of Health and NHS England.
Marriage and civil partnership: A person who is married or in a civil partnership.
The impact of this policy reflects the Domestic Abuse Act 2021 and all protected characteristics and Human Rights values given due regard. The evidence used to inform this policy consists of: Domestic Abuse Act (2021), advice and guidance from the Department of Health, current relevant regional policies and guidance and NHS England/Improvement guidance. In summary, any negative impact on equality is unlikely and the policy is concordant with current advice and guidance from the Domestic Abuse Act (2021), Department of Health and NHS England.
Pregnancy and maternity: A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.
The impact of this policy reflects the Domestic Abuse Act 2021 and all protected characteristics and Human Rights values given due regard. The evidence used to inform this policy consists of: Domestic Abuse Act (2021), advice and guidance from the Department of Health, current relevant regional policies and guidance and NHS England/Improvement guidance. In summary, any negative impact on equality is unlikely and the policy is concordant with current advice and guidance from the Domestic Abuse Act (2021), Department of Health and NHS England.
Race: A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
The impact of this policy reflects the Domestic Abuse Act 2021 and all protected characteristics and Human Rights values given due regard. The evidence used to inform this policy consists of: Domestic Abuse Act (2021), advice and guidance from the Department of Health, current relevant regional policies and guidance and NHS England/Improvement guidance. In summary, any negative impact on equality is unlikely and the policy is concordant with current advice and guidance from the Domestic Abuse Act (2021), Department of Health and NHS England.
Religion or belief: A group of people defined by their religious and philosophical beliefs including lack

of belief (e.g. atheism). Generally a belief should affect an individual's life choices or the way in which they live.		
The impact of this policy reflects the Domestic Abuse Act 2021 and all protected characteristics and Human Rights values given due regard. The evidence used to inform this policy consists of: Domestic Abuse Act (2021), advice and guidance from the Department of Health, current relevant regional policies and guidance and NHS England/Improvement guidance. In summary, any negative impact on equality is unlikely and the policy is concordant with current advice and guidance from the Domestic Abuse Act (2021), Department of Health and NHS England.		
Sex: A man or a woman		
The impact of this policy reflects the Domestic Abuse Act 2021 and all protected characteristics and Human Rights values given due regard. The evidence used to inform this policy consists of: Domestic Abuse Act (2021), advice and guidance from the Department of Health, current relevant regional policies and guidance and NHS England/Improvement guidance. In summary, any negative impact on equality is unlikely and the policy is concordant with current advice and guidance from the Domestic Abuse Act (2021), Department of Health and NHS England.		
Sexual orientation: Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).		
The impact of this policy reflects the Domestic Abuse Act 2021 and all protected characteristics and Human Rights values given due regard. The evidence used to inform this policy consists of: Domestic Abuse Act (2021), advice and guidance from the Department of Health, current relevant regional policies and guidance and NHS England/Improvement guidance. In summary, any negative impact on equality is unlikely and the policy is concordant with current advice and guidance from the Domestic Abuse Act (2021), Department of Health and NHS England.		
Carers: A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support		
The impact of this policy reflects the Domestic Abuse Act 2021 and all protected characteristics and Human Rights values given due regard. The evidence used to inform this policy consists of: Domestic Abuse Act (2021), advice and guidance from the Department of Health, current relevant regional policies and guidance and NHS England/Improvement guidance. In summary, any negative impact on equality is unlikely and the policy is concordant with current advice and guidance from the Domestic Abuse Act (2021), Department of Health and NHS England.		
Other disadvantaged groups:		
The impact of this policy reflects the Domestic Abuse Act 2021 and all protected characteristics and Human Rights values given due regard. The evidence used to inform this policy consists of: Domestic Abuse Act (2021), advice and guidance from the Department of Health, current relevant regional policies and guidance and NHS England/Improvement guidance. In summary, any negative impact on equality is unlikely and the policy is concordant with current advice and guidance from the Domestic Abuse Act (2021), Department of Health and NHS England.		
3. Human Rights		
FREDA Principles / Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	N/A

Respect – right to have private and family life respected	How will the person’s right to respect for private and family life, confidentiality and consent be upheld?	The impact of this policy reflects the Domestic Abuse Act 2021 and all protected characteristics and Human Rights values given due regard
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	The impact of this policy reflects the Domestic Abuse Act 2021 and all protected characteristics and Human Rights values given due regard
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	The impact of this policy reflects the Domestic Abuse Act 2021 and all protected characteristics and Human Rights values given due regard
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	The impact of this policy reflects the Domestic Abuse Act 2021 and all protected characteristics and Human Rights values given due regard
Right to Life	Will or could it affect someone’s right to life? How?	The impact of this policy reflects the Domestic Abuse Act 2021 and all protected characteristics and Human Rights values given due regard
Right to Liberty	Will or could someone be deprived of their liberty? How?	The impact of this policy reflects the Domestic Abuse Act 2021 and all protected characteristics and Human Rights values given due regard

4. Engagement, Involvement and Consultation

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	Protected Characteristic/ Group/ Community	Date
N/A		

For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us So we will):

5. Mitigations and Changes

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

No gaps as the policy reflects the Domestic Abuse Act 2021 and all protected characteristics and Human Rights values given due regard

6. How will you measure how the proposal impacts health inequalities?

e.g Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway the ICB is able to show increased take up from this group, this is a positive impact on health inequalities.

You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.

The impact of this policy reflects the Domestic Abuse Act 2021 and all protected characteristics and Human Rights values given due regard.

7. Is further work required to complete this assessment?

Please state what work is required and to what section. e.g additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g disability).

Work needed	Section	When	Dare completed
None			

8. Sign off

The Equality Analysis will need to go through a process of **quality assurance** by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.

Requirement	Name	Date
Senior Manager Signoff		
Which committee will be considering the findings and signing off the EA?		
Approved by the Policy Procedure and Strategy Assurance Group.		

Once complete, please send to the ICB's Governance Team.

Appendix 2: Equality and Quality Impact Assessment

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients/staff/organisation.

Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.

Record your reasons for arriving at that conclusion in the comments column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

Quality Impact Assessment

Quality and Equality Impact Assessment

Scheme Title:	Domestic Abuse Policy		
Project Lead:	Jackie Channell, Head of Safeguarding CWICB (Warwickshire Locality)	Senior Responsible Officer:	
		Quality Sign Off:	
Intended impact of scheme:	This policy reflects local, national, strategic and operational guidance in response to the growing recognition of the detrimental effects that domestic abuse has on society. It demonstrates the principle that domestic abuse is behaviour that should not be accepted and that everyone has a right to live free from fear and abuse. It recognises the need to share information and work in partnership with other agencies that may have greater experience of domestic abuse in order to reduce the risk of harm to victims.		
How will it be achieved:	This policy details the process to be undertaken in order to promote a consistent, measurable and effective approach to all domestic abuse related incidents through the implementation of the underpinning principles of the domestic violence and abuse multi-agency working (PH50), NICE guidance and the accompanying 4 quality statements of the domestic abuse NICE quality standard, (2016) and Domestic Abuse Act (2021)		

Name of person completing assessment:	Lyn Parsons and Jackie Channell
Position:	Head of Safeguarding CWICB
Date of Assessment:	27 th July 2021

Quality Review by:	Jackie Channell
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Position:	Head of Safeguarding CWICB
Date of Review:	30 th July 2021

High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
Duty of Quality Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome	✓							
	Patient experience	✓							
	Patient safety	✓							
	Parity of esteem	✓							
	Safeguarding children or adults	✓							
NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life	✓							
	Ensuring people have a positive experience of care	✓							
	Preventing people from dying prematurely	✓							
	Helping people recover from episodes of ill health or following injury	✓							
	Treating and caring for people in a safe environment and	✓							

	protecting them from avoidable harm								
Patient services Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors			✓					
	Access to the highest quality urgent and emergency care			✓					
	Convenient access for everyone			✓					
	Ensuring that citizens are fully included in all aspects of service design and change			✓					
	Patient Choice			✓					
	Patients are fully empowered in their own care			✓					
	Wider primary care, provided at scale			✓					
Access Could the proposal impact positively or negatively on any of the following:	Patient choice			✓					
	Access			✓					
	Integration			✓					
Compliance with NHS Constitution	Quality of care and environment			✓					
	Nationally approved treatment/drugs			✓					

	Respect, consent and confidentiality	✓							
	Informed choice and involvement	✓							
	Complain and redress			✓					