

<b>Policy Number</b>	<b>SA12</b>
<b>Policy Title</b>	<b>CORPORATE POLICY TO SUPPORT STAFF/SERVICE USERS EXPERIENCING DOMESTIC ABUSE</b>
<b>Accountable Director</b>	<b>Medical Director</b>
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**Safeguarding is Everybody's Business.**

This policy should be read in conjunction with the following statement:

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults.

This includes:

- Being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult.
- Knowing how to deal with a disclosure or allegation of child/adult abuse.
- Undertaking training as appropriate for their role and keep themselves updated.
- Being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern.
- Ensuring appropriate advice and support is accessed either from managers, safeguarding ambassadors or the Trust Safeguarding team
- Participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to role).
- Ensure contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation
- Ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

**The date for review detailed on the front of all Mersey Care NHS Trust Policies does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy at any time due to organisation/ legal changes.**

**Staff are advised to always check that they are using the correct version of any policies rather than referring to locally held copies.**

The most up to date version of all Trust policies can be found at the following web address: [http://www.merseycare.nhs.uk/Who we are/Policies and Procedures/Policies and Procedures.aspx](http://www.merseycare.nhs.uk/Who_we_are/Policies_and_Procedures/Policies_and_Procedures.aspx)

## **CORPORATE POLICY TO SUPPORT STAFF/SERVICE USERS EXPERIENCING DOMESTIC ABUSE**

POLICY NO	SA12
RATIFYING COMMITTEE	Corporate Document Review Group
DATE RATIFIED	December 2014
NEXT REVIEW DATE	December 2017

### **POLICY STATEMENT:**

Mersey Care NHS Trust is committed to the health and well being of service users, carers and staff, and as such recognises that domestic abuse is a crime, which adversely affects the health of individuals, families and communities

**ACCOUNTABLE DIRECTOR:** Medical Director

**POLICY AUTHORS:** Safeguarding Adult Lead & Named Nurse  
for Safeguarding Children

#### KEY POLICY ISSUES

- Compliance with statutory duties under the Department of Health Handbook for Health Professionals 'Responding to Domestic Abuse' – 2005
- All Trust staff to have an increased awareness and access to training on domestic abuse and how to respond
- Roles, responsibilities and accountability in relation to statutory duties to safeguard and promote the welfare of children where domestic abuse is identified
- Enable staff to ask appropriate questions about domestic abuse as part of their assessment process
- Enable managers and staff to provide support and guidance to staff and service users who disclose domestic abuse
- Ensuring appropriate and effective management of allegations of domestic abuse against a health care professional
- Clarity about information sharing

**This policy and procedure can be made available in a range of languages and formats on request to the policy author.**

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<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Approved by</b>	<b>Ratified by</b>
SA12 Version 3	Dec 2014	Safeguarding Adult Lead & Named Nurse for Safeguarding	Medical Director	Corporate Document Review Group

## Executive Summary

Mersey Care NHS Trust endorses the Government's view that abuse and violence within the domestic context amounts to a fundamental breach of trust and contravenes an individual's right to feel safe both in their home and within a personal relationship (DoH 2005). For the purposes of this document, domestic abuse is;

'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial, verbal and emotional); between adults who are or have been intimate partners or family members, regardless of gender or sexuality. This includes issues of concern to black & minority ethnic (BME) communities, such as so called honour base violence (HBV), female genital mutilation (FGM) and forced marriage' (DoH, 2005)

Any person can be a victim/survivor of domestic abuse including women, men and people in same sex relationships. Domestic abuse can have a dramatic impact on individuals, their children and families.

This policy is based on the belief that staff are committed to the welfare of service users, carers, colleagues and children in the course of their daily work.

The aim of this policy is to provide a specific framework to support and manage Mersey Care NHS Trust employees, service users and carers who are experiencing or have experienced domestic abuse.

The policy has been significantly reviewed in light of Working Together (2013), No Secrets (2000), and the Coalition Government's strategic vision 'Ending Violence against women and girls' (Home Office 2010).

This policy should be read in conjunction with:

- SD21 Policy & Procedure for the Care Programme Approach
- SD17 Policy & Procedure for Safeguarding Vulnerable Adults from Abuse
- SD13 Policy & Procedure for Safeguarding and Protection of Children
- IT10 Policy & Procedure for Confidentiality and Information Sharing

# 1. Introduction

This document explains:

- Why the policy is necessary (rationale)
- To whom it applies and where and when it should be applied (scope)
- The underlying beliefs upon which the policy is based (principles)
- The standards to be achieved (policy)
- How the policy standards will be met through working practices (procedure).

## 1.1 Rationale

1.1.1 Mersey Care NHS Trust endorses the Government's view that abuse and violence within the domestic context amounts to a fundamental breach of trust and contravenes an individual's right to feel safe both in their home and within a personal relationship (DoH 2005).

1.1.2 90% of domestic abuse cases are committed by men against women or any family member. However men can also experience domestic abuse by women and domestic abuse can also occur within same sex relationships; therefore this policy and guidance will be applied consistently and fairly to all service users, carers and employees regardless of their gender, race, nationality, age, disability, religion or beliefs, transgender or sexual orientation. Advice, guidance and help will be given as required. To provide information on support services and resources available (DoH 2005).

1.1.3 Mersey Care NHS Trust recognises the negative impact of domestic abuse on the physical and mental health of those exposed to abuse.

1.1.4 Mersey Care NHS Trust also recognises the serious, adverse effect that such abuse tends to have on children who live in an abusive/violent household and the potential for both short and long term damage to their health. Within this context the Trust acknowledges their safeguarding and child protection responsibilities. Children Act 1989 & 2004. Local Safeguarding Children's Board (LSCB) procedures, Mersey Care NHS Trust Policy SD13 Safeguarding and Protection of Children/SD17 Safeguarding Vulnerable Adults.

1.1.5 Mersey Care NHS Trust is therefore committed to ensuring that domestic abuse is recognised, and that service users, carers and staff are provided with information and support to minimise risk. To underpin this, the Trust will engage with partner agencies in working towards the reduction of domestic abuse.

1.1.6 Mersey Care NHS Trust is committed to working in partnership with both statutory and voluntary agencies on strategies designed to

examine risk posed to victims of domestic abuse; in order to risk assess and provide multi-agency responses for victims to ensure their safety and the safety of their children.

## **1.2 Scope**

This Policy applies to **all staff** and has specific implications for:

- a) The Trust Board
- b) The Medical Director
- c) Executive Directors
- d) Clinical Divisions Directors
- e) Potential Procedural Document Authors
- f) The Compliance Analyst
- g) The Legal Services Manager
- h) Risk Management Department
- i) Learning and Development Team
- j) Clinical Audit, research and Development, Knowledge Management Teams
- k) Communications Team
- l) Corporate Document Review Group

This policy is supported by a corporate procedure (refer to appendix 1)

## **1.3 Principles**

This policy is based on the belief that staff are committed to the welfare of service users, carers and colleagues and children in the course of their daily work.

## **1.4 Policy**

- 1.4.1 Mersey Care NHS Trust recognises that the effects of domestic abuse can not only impact on mental wellbeing, but also on punctuality, attendance, health and safety, work performance and productivity. Mersey Care NHS Trust is committed to the welfare of its employees and seeks to support and assist any employee who is experiencing problems related to domestic abuse.
- 1.4.2 Mersey Care NHS Trust recognises that domestic abuse not only is unacceptable but it is also a crime, (Domestic Violence, Crime and Victims Act 2004 – Amended 2012). It also seeks to raise awareness of domestic abuse and develop a workplace culture where domestic abuse is recognised as unacceptable (DoH 2005).
- 1.4.3 Mersey Care NHS Trust recognises and accepts its responsibilities in accordance with the Health and Safety at Work Act 1974, and Good Employment Practice.

1.4.4 Mersey Care NHS Trust is in no way attempting to interfere with the private lives of its employees; however, it is concerned with:

- Its responsibility to deliver a service of the highest quality and safety standards to our employees.
- Commitment to the care for the health and safety of both the employee experiencing domestic abuse and their colleagues and protection of both from the perpetrator of the abuse entering a Mersey Care NHS Trust site. Promoting good health and good employment practice amongst our employees; maintaining an efficient workforce and to provide relevant information and resources.

1.4.5 It is Mersey Care NHS Trust's policy that every employee who is experiencing domestic abuse has the right to raise the issues with their employer/manager, in the knowledge that the matter will be treated effectively, sympathetically and confidentially. However, there may be the usual exceptions to confidentiality in cases of public protection and safeguarding children.

1.4.6 Mersey Care NHS Trust is aware that those experiencing domestic abuse may have performance problems such as absenteeism or lower productivity as a result of domestic abuse. When addressing performance and safety issues, the Trust will make reasonable efforts to consider all aspects of the employee's situation and/or safety.

1.4.7 To demonstrate Mersey Care NHS Trust's commitment to, and support for, employees experiencing domestic abuse.

1.4.8 To raise awareness and provide training on domestic abuse, what forms it can take, and its likely effects on the workforce.

1.4.9 To increase awareness of managers in recognising that an employee may be experiencing domestic abuse, and to provide information about appropriate action to take.

1.4.10 To offer clear and consistent information, and establish support to employees experiencing domestic abuse.

1.4.11 Ensure confidential and sympathetic handling of the situation. Domestic abuse can be an issue for people whatever gender, race, disability, sexual orientation, transgender, religion or belief.

## **1.5 Policy Standards**



The following policy standards outline the broad statement of intent, which will be clarified in the relative sections throughout this policy document.

- 1.5.1 Assessment of domestic abuse should take place at point of referral, assessment or disclosure; whichever is the most appropriate. Staff will only ask at any stage of the process if it is safe to do so. This will usually mean asking to see the service user alone or asking referrer if there is any history or current abuse. Staff should never raise the subject of domestic abuse if anybody else, including family/partner and friends are present. The exception to this would be a professional interpreter.
- 1.5.2 The MeRIT risk assessment is a multi agency tool for assessing the Management of Domestic Abuse disclosure ([The Safeguarding web pages](#)). Guidance on completing the MeRIT assessment is provided ([The Safeguarding web pages](#)). Following disclosure, an appropriate member of staff should complete the Merit risk assessment. Management of the disclosure is dependant on the assessment score and may require a MARAC (Multi-Agency Risk Assessment Conference) referral. A MARAC referral is made when a victim scores as High Risk on the assessment. For Mersey Care NHS Trust MARAC Leads see [The Safeguarding web pages](#) on the Mersey Care NHS Trust website.

**Definition of MARAC** - The MARAC is a multi agency meeting coordinated by The City Council and chaired by the Family Crime Unit (Police).

The purpose of MARAC meetings is to share information about service users assessed as being at Very High Risk of violence/abuse in order to prevent serious harm, develop a safety plan and put all possible support in place in order to keep the victim safe.

- 1.5.3 When it is safe to do so, the member of staff will ask the service user if they have ever experienced domestic abuse, physical, emotional or sexual. He/she will explain that it is a routine question put to all service users and that no action will be taken without the service users consent unless there are child/adult and public protection concerns.
- 1.5.4 It is not the role of Mersey Care NHS Trust staff to offer in depth support regarding domestic abuse but to involve other agencies that have more experience in this area. Staff will have access to useful numbers to get advice; Mersey Care NHS Trust staff do not have to become experts in domestic abuse but skilled at inquiring into abuse, brief safety planning and signposting to domestic abuse services.
- 1.5.5 Staff should utilise the support provided by the Protection of Vulnerable Adults Policy & Procedure (SD17), and the Safeguarding & Protection of Children Policy & Procedure (SD13) [www.mersecare.nhs.uk](http://www.mersecare.nhs.uk).

- 1.5.6 If the abuse was in the past, staff can ask if the service user had any support or services involved and whether that would still be helpful. Advice and information can be given.
- 1.5.7 If the abuse is current, it is very important that staff do not advise the service user to do anything in the first instance, just offer support that she/he has disclosed and identify any safeguarding risks to children.
- 1.5.8 The disclosure of domestic abuse must always be recorded in Mersey Care NHS Trust service user case records, both manually and electronically. Any decisions made regarding information sharing/referral and their rationale must be clearly recorded. Staff should inform their line manager and take advice from their nominated Safeguarding Ambassador or Safeguarding Adult Lead/Named nurse for Safeguarding Children.

## **2. Domestic Abuse Information and Definitions**

### **2.1 Definitions of Abuse**

- 2.1.1 The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. This includes issues of concern to black & minority ethnic (BME) communities, such as so called honour base violence (HBV), female genital mutilation (FGM) and forced marriage. (HM Government 2013)

The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

### **Controlling Behaviour**

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

### **Coercive Behaviour**

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

This is not a legal definition.

- 2.1.2 Honour based violence - There is no specific offence of "honour based crime". It is an umbrella term to encompass various offences covered by existing legislation. Honour based violence (HBV) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

It is a violation of human rights and may be a form of domestic and/or sexual violence. There is no, and cannot be, honour or justification for abusing the human rights of others.

- 2.1.3 Female Genital Mutilation is a collective term for procedures which involve the removal of all or part of the external female genitalia for cultural or other non-therapeutic purposes. It is medically unnecessary, extremely painful and has significant health consequences for women/girls who experience it. FGM is typically performed on girls between the ages of 4 – 13 years but is also performed on newborn babies and young women before marriage or pregnancy. Within the United Kingdom, FGM in any of its forms has been classed as a criminal offence since the Prohibition of Female Circumcision Act was passed in 1985. In 2003, The Female Genital Mutilation Act superseded this and it became, for the first time, an offence for UK nationals or permanent residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is still legal

- 2.1.4 A forced marriage is where one or both people do not (or in some cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used.

The Anti-social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry. This includes:

- Taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- Marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)
- Breaching a Forced Marriage Protection Order is also a criminal offence
- The civil remedy of obtaining a Forced Marriage Protection Order through the family courts will continue to exist alongside the new criminal offence, so victims can choose how they wish to be assisted

- 2.1.5 Any person can be a victim/survivor of domestic abuse including women, men and people in same sex relationships. Domestic abuse can have a dramatic impact on individuals, their children and families.
- 2.1.6 It is recognised that domestic abuse is frequently hidden.

## 2.2 Additional information

### **Department of Health Definition of Domestic Abuse**

#### **Abuse occurring between family members or those in an intimate relationship (Working Together 2013)**

Victims/survivors of domestic abuse are at their most vulnerable and at greatest risk of significant harm when they attempt to leave or soon after leaving an abuser. It is vital that all Health/Social Care professionals recognise this heightened period of risk in any service provision and operational practice that is developed.

- 2.2.1 As many as 1 in 4 women and 1 in 6 men will become victims of domestic abuse at some point during their life. Research also shows that almost half of all female homicides are committed by a current or former partner with two women a week being killed because of domestic abuse (Women's Aid 2014).
- 2.2.2 It has been estimated that domestic abuse costs the public £23 billion per annum. This includes the cost to the criminal justice system, to the health service, to social care and to housing

**These are reported cases; they will, therefore, be underestimates of the true figures.**

- 2.2.3 Research conducted by the Home Office and Rape Crisis Federation shows that almost 50% of domestic abuse incidents included repeated rape or other sexual assault. In the majority of cases, the sexual abuse
- 2.2.4 Domestic abuse is not restricted to specific areas of class or age. The more isolated and economically dependent a victim/survivor is on their perpetrator, the greater the risk of serious harm.

2.2.5 Victim/survivors who are from ethnic minority groups which include gypsies and travellers; face additional barriers and discrimination when accessing services. Some people do not speak English as their first language. Religious or cultural beliefs might forbid divorce. Culture should never be accepted as an excuse for abuse. Migrant women might fear losing the right to stay in this country if they separate from an abusive partner. Their partner might use this threat as part of the abuse. They might also fear that their partner's immigration status might be threatened. (DoH 2005)

2.2.6 Domestic abuse often begins or intensifies during pregnancy and on average; a female victim/survivor will be assaulted 35 times before seeking help (Home Office 2000; CEMACH 2004).

### 2.2.7 **Domestic violence disclosure scheme (Claire's Law)**

From 8 March 2014, the domestic violence disclosure scheme was implemented across England and Wales. This follows the successful conclusion of a 1 year pilot in the Greater Manchester, Nottinghamshire, West Mercia and Wiltshire police force areas.

#### **Right to ask**

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

#### **Right to know**

This enables an agency to apply for a disclosure if the agency believes that an individual is at risk of domestic violence from their partner. Again, the police can release information if it is lawful, necessary and proportionate to do so.

All staff should seek further advice and guidance regarding this from their direct line manager, safeguarding ambassador or Safeguarding Adult Lead/Named Nurse for Safeguarding Children

### 2.2.8 **Domestic violence protection notices and orders**

Domestic violence protection orders (DVPOs) are being implemented across England and Wales from 8 March 2014.

Domestic violence protection orders are a new power that fills a gap in providing protection to victims by enabling the police and magistrates to

put in place protection in the immediate aftermath of a domestic violence incident.

With DVPOs, a perpetrator can be banned with immediate effect from returning to a residence and from having contact with the victim for up to 28 days, allowing the victim time to consider their options and get the support they need.

Before the scheme, there was a gap in protection, because police couldn't charge the perpetrator for lack of evidence and so provide protection to a victim through bail conditions, and because the process of granting injunctions took time.

## **2.3 Examples of the Impact of Domestic Abuse**

2.3.1 Physical - Shaking, smacking, punching, kicking, presence of finger or bite marks, starving, tying up, stabbing, suffocation, throwing things, using objects as weapons, female genital mutilation, 'honour violence'. Physical effects are often in areas of the body that are covered and hidden (i.e. breasts and abdomen).

2.3.2 Sexual - Forced sex, forced prostitution, ignoring religious prohibitions about sex, refusal to practise safe sex, sexual insults, sexually transmitted diseases, preventing breastfeeding.

2.3.3 Psychological - Intimidation, insulting, isolating a person from friends and family, criticising, denying the abuse, treating them as an inferior, threatening to harm children or take them away, forced marriage.

2.3.4 Financial - Not letting a person work, undermining efforts to find work or study, refusing to give money, asking for an explanation of how every penny is spent, making them beg for money, gambling, not paying bills.

2.3.5 Emotional - Swearing, undermining confidence, making racist remarks, making a person feel unattractive, calling them stupid or useless, eroding their independence (DOH 2005).

## **2.4 Examples of the Impact of Domestic Abuse on Individuals**

2.4.1 Physical effects - Bruising, recurrent sexually transmitted infections, broken bones, burns or stab wounds, death, gynaecological problems, tiredness, general poor health, poor nutrition, chronic pain, miscarriage, maternal death, premature birth, babies with low birth weight/stillbirth/injury/death, self-harming behaviour.

2.4.2 Psychological effects - Fear, increasing likelihood of misusing drugs, alcohol or prescribed anti-depressants, depression/poor mental health, wanting to commit or actually committing suicide, sleep disturbances, post traumatic stress disorder, anger, guilt, loss of self-confidence, feelings of dependency, loss of hope, feelings of isolation, low self-worth, panic or anxiety, eating disorders.

## **2.5 Examples of the Impact of Domestic Abuse on Children**

2.5.1 Physical effects - Bruising, broken bones, burns or stab wounds, death, neurological complications, tiredness and sleep disturbance, general poor health, stress-related illness (asthma, bronchitis or skin conditions), enuresis/encopresis (double incontinence), running away leading to potential homelessness, eating difficulties, teenage pregnancy, gynaecological problems, self-harm, damage to unborn child in pregnancy.

2.5.2 Emotional effects - Fear, panic, guilt and anxiety, depression/poor mental health, introversion or withdrawal, thoughts of suicide or running away, post-traumatic stress disorder, anger, aggressive behaviour and delinquency, substance misuse, loss of self-confidence, assumes a parental role, hyperactivity, tension, low self-esteem, sexual problems or sexual precocity, suicide, eating disorders, difficulty in making and sustaining friendships, truancy and other difficulties at school. Witnessing or being aware of abuse within the home has also been identified as negatively impacting on a child's psychological wellbeing. (Edleson J. 1999; DOH, 2005; Guidance for Safeguarding Children Abused through Domestic Violence/Abuse, LSCB, 2007; Adoption & Education Act 2002, HM Government)

2.5.3 Even though much domestic abuse occurs within the privacy of personal relationships it is far from being a private issue. Occurring in all parts of society, it accounts for 25% of all violent crime and cost the taxpayer £billions a year (Home Office 2004), but the greatest cost is to women and children from all social backgrounds who deal with its effects on their lives on a day to day basis, even long after they have escaped. In collaboration with the National Institute for Mental Health in England, the Department of Health has established a substantial programme of work to alleviate the health and mental health effects of domestic violence on women and children. However, women are more likely to experience repeat episodes of abuse. The Home Office is currently examining the needs of men who experience domestic abuse.

## **3. Duties**

### **3.1 Roles and Responsibilities**

3.1.1 **Chief Executive** - The Chief Executive as accountable officer is responsible for the fair and sensitive application of the policy throughout Mersey Care NHS Trust.

- 3.1.2 **Medical Director** is the Executive Lead for this area at Board level and is accountable for all issues related to safeguarding
- 3.1.3 **Director of Social Care and Safeguarding**, is the Trust Safeguarding Lead reporting to the Executive Lead and is the Trust's representative on Local Executive Safeguarding Adults Boards and the Liverpool Safeguarding Children's Boards
- 3.1.4 **Named Nurse for Safeguarding Children**, and nominated Child Sexual Exploitation (CSE) Lead reporting to the Director of Social Care and Safeguarding and is the Trust's representative on Local Safeguarding Children's Strategic Boards
- 3.1.5 **Safeguarding Adult Lead**, and nominated PREVENT Lead reporting to the Director of Social Care and Safeguarding and is the Trust's representative on Local Safeguarding Adult Boards
- 3.1.6 **Specialist Practitioner Safeguarding** is employed as a Specialist Practitioner Safeguarding, reporting to the Named Nurse for Safeguarding Children and Safeguarding Adult Lead, and has a responsibility for overseeing the development, quality assurance - including audit of all training - in relation to the Safeguarding Agenda (adults and children), working in partnership with local services. He also provides specialist advice and guidance on all safeguarding issues relating to policy and practice.
- 3.1.7 **Named Doctor for Safeguarding Children & Adults**, reporting to the Medical Director on all issues in relation to Safeguarding.
- 3.1.8 **LADO (Local Authority Designated Officer)** - is responsible for co-ordinating investigations into allegations against professionals working with children and adults. A referral to the LADO must be considered if any professional/Trust employee is identified as being an alleged perpetrator of domestic violence/abuse. Initial discussions with Line Manager regarding allegation and then the Safeguarding Adult Lead/Named Nurse for Safeguarding Children must be contacted in the second instance if this is the case.

## 3.2 Managers

- 3.2.1 The key employees that can support managers may include staff such as:
- Chaplaincy
  - Key professionals involved with Safeguarding Children/Adults
  - Staff support/Counselling services
  - Occupational Health service
  - Improving Working Lives co-ordinator



- Human Resources (any allegations that a Trust employee is an alleged perpetrator of domestic violence/abuse would be managed under the Safeguarding of Vulnerable Adults Trust Policy (SD17) [LINK](#)  
Concerns at work about patient care/business misconduct (whistleblowing) (HR06) [LINK](#)  
Disclosure and Barring Service Checks (CRB) (HR16) [LINK](#)  
Staff Side/Trade Unions

### 3.2.2 Managers should:

- Allow time off to visit solicitors and other agencies under Mersey Care NHS Trust, Flexible Working Policy
- Consider an advance of salary if financial difficulties are being experienced
- Consider requests to change working hours or temporary measure including changes in work site
- Ensure that security measures have been considered for staff who work alone.
- Ensure your own safety as well as that of other colleagues
- Ensure that no personal details of the individual are divulged including work place details
- Ensure that confidential counselling is made available to employees experiencing domestic abuse; managers are encouraged to be supportive of this
- It must be recognised that leaving an abusive person is a process, not an event.
- Managers should refer staff who are identified as perpetrators of abuse to the Safeguarding Adult Lead/Named Nurse for Safeguarding Children and Senior Manager in Human Resources, who will invoke the appropriate multi and single agency procedures.
- Make employees aware that domestic abuse is a crime and can lead to criminal convictions, and would be disclosed on Enhanced DBS checks undertaken by employees. It may also lead to being barred or deemed unsuitable to work with vulnerable adults/children by the Independent Barring Board (IBB), under the Safeguarding of Vulnerable Groups Act 2006.
- Please refer to Appendix 1, 'Management of Domestic Abuse Disclosure Pathway', for further guidance.

## 3.3 Duties of All Staff

- 3.3.1 To demonstrate Mersey Care NHS Trust's commitment to, and support for, employees experiencing domestic abuse.
- 3.3.2 To raise awareness and provide training on domestic abuse, what forms it can take, and its likely effects on the workforce.

- 3.3.3 To increase awareness of managers in recognising that an employee may be experiencing domestic abuse, and to provide information about appropriate action to take.
- 3.3.4 To offer clear and consistent information, and establish support to employees experiencing domestic abuse.
- 3.3.5 Ensure confidential and sympathetic handling of the situation. Domestic abuse can be an issue for people whatever gender, race, disability, sexual orientation, transgender, religion or belief.
- 3.3.6 All staff must consider their statutory duties in relation to safeguarding children and adults (Mersey Care NHS Trust Safeguarding & Protection of Children Policy & Procedure SD13/Safeguarding Vulnerable Adults from Abuse SD17)
- 3.3.7 Under the Children Act 1989 & 2004 which is the legal framework underpinning the Mersey Care NHS Trust Safeguarding & Protection of Children Policy & Procedure (SD13) policy for the Protection of Vulnerable Adults (SD17); all staff are responsible for ensuring that children & vulnerable adults are safeguarded and domestic abuse enquiry at assessment may lead to increased safety for a number of children and vulnerable adults. Children who live with domestic abuse are at risk of physical and psychological abuse and therefore a referral to Children's Social Care should be considered in all cases.

## **4.0 Supporting procedure**

### **4.1 Providing support for employees**

- 4.1.1 Be available and approachable for those employees experiencing domestic abuse; all requests for assistance and support must be treated seriously and sympathetically; and you should establish if the employee is comfortable speaking to you or if they would prefer to speak to someone else
- 4.1.2 To listen, reassure and support individuals; ensure you speak to the employee somewhere that is private, that you cannot be overheard or interrupted
- 4.1.3 To keep information confidential (subject to requirements of child, adult and public protection and vetting and barring)
- 4.1.4 To respond in a sensitive and non-judgemental manner

- 4.1.5 To discuss the specific steps that can be taken to help this person stay safe in the workplace
- 4.1.6 To ensure the employee is aware of the options available to them
- 4.1.7 To encourage the employee to seek the advice from other relevant agencies; if they choose not to, respect their decision. However, all allegations, discussions and decisions must be recorded/documentated and placed in the employee's personal file.

## **4.2 Policy as it relates to Service Users/Cares**

### **4.2.1 Aims of Policy**

- 4.2.2 To ensure that service users & carers who have experienced domestic abuse in the past or present are supported safely and appropriately.
- 4.2.3 Mersey Care NHS Trust is committed to the welfare of its service users and carers and seeks to support and assist any service users/cares who are experiencing problems related to domestic abuse.
- 4.2.4 Mersey Care NHS Trust recognises that domestic abuse is not only unacceptable but it is also a crime. It also seeks to raise awareness of domestic abuse and develop a culture where domestic abuse is recognised as unacceptable.
- 4.2.5 Mersey Care NHS Trust is in no way attempting to interfere with the private lives of its service users and carers; however, the Mersey Care NHS Trust is concerned with its responsibility to deliver a service of the highest quality and safety standards, and is committed to the care, health, and safety of service users and carers experiencing domestic abuse, to promoting good health and good practice to our service user and carers; and to provide relevant information and resources in adherence to professional safeguarding responsibilities.

## **4.3 Objectives regarding service users**

- 4.3.1 Ensure that the issue of domestic abuse is understood by Mersey Care NHS Trust staff, to be a feature of mental health distress in the lives of a substantial number of service users and carers.
- 4.3.2 Domestic abuse can be an issue for people whatever gender, race, disability, sexual orientation, transgender, religion or belief.
- 4.3.3 To give a framework within which disclosures of domestic abuse can be appropriately assessed and responded to and within the multi-agency legal framework.

- 4.3.4 Incorporate an assessment for domestic abuse into routine assessment of all service users and carers, alongside Mersey Care NHS Trust's risk assessment process
- 4.3.5 To ensure service users and carers receive clear information and signposting to appropriate domestic abuse services.
- 4.3.6 Under the Children Act 1989 & 2004 which is the legal framework underpinning the Mersey Care NHS Trust Safeguarding & Protection of Children Policy & Procedure (SD13) Policy for the Protection of Vulnerable Adults (SD 17); all staff are responsible for ensuring that children and vulnerable adults are safeguarded and domestic abuse enquiry at assessment may lead to increased safety for a number of children and vulnerable adults. Children who witness domestic abuse are at risk of physical and psychological abuse and therefore a referral to Children's Social Care is required in all cases (Working Together 2013)

## 5. Safety Planning

- 5.1.1 Reassure the service user that she/he had done the right thing by reporting the issue, and that there is help available. Discuss with them whether she/he has any safety/strategy plans in place already and how they will be helpful in the first instance.
- 5.1.2 If there is an immediate serious risk/danger, staff should liaise with their manager, Safeguarding Ambassador, senior on call, Safeguarding Adult Lead/Named Nurse for Safeguarding Children, and discuss the available options. Consider involving the police in the interests of public protection.
- 5.1.3 If children are involved, staff **must** discuss their safety and whether Children's Social Care are involved already or whether they need to be contacted immediately. If a decision is made not to refer, the reason for this must be clearly stated and recorded. Staff are advised to always discuss this with a senior colleague.
- 5.1.4 If there is an individual identified as a vulnerable adult – “who is or may be in need of community care service by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”; staff must discuss their safety and whether to contact Adult Social Care to assess the safety and well being of the individual. This must be clearly stated and recorded. (Lord Chancellor's Department 1977).
- 5.1.5 If the service user is not in immediate risk/danger, discuss the options that are available with him/her, offering to contact local domestic abuse

services if required. Give service users access to the telephone for the opportunity to contact the services themselves.

## **6. Training**

Training will also be provided for key Trust employees to enable them to support staff. The training will encompass the specific issues relating to people from the eight equality strands. It will acknowledge the particular barriers that asylum seekers and people from different cultures face. Domestic violence/abuse awareness training is encompassed in the Trust Induction (Level 1) Safeguarding Adults & Children Training. It forms part of Level 2 & 3 Safeguarding Adults & Children mandatory training for all frontline Mental Health practitioners within the Trust, and all modules are 3 yearly, (as per directions within the Inter Collegiate Guidance for Safeguarding Children 2014 & Bournemouth University National Framework for Safeguarding Adults 2013). Domestic abuse training forms part of the Trust Safeguarding Training Strategy 2103-2015. Please refer to Trust Induction and Mandatory Training Policy HR28. Training compliance is monitored on a quarterly basis through Key Performance Indicators (KPIs) and reported to all local authority Clinical Commissioning Groups (CCGs).

## **7. Consultation and Communication with Stakeholders**

This policy has been developed by the authors following review of current legislation and national guidelines. The draft document has been sent to local service user and carer groups and colleagues for their views and comments. In addition Trust managers have been also been asked to comment.

## **8. Process for monitoring compliance and effectiveness of the procedural document**

- 8.1 The policy standards will be audited by the Safeguarding Team every three years or sooner if dictated by Government legislation and guidance.
- 8.2 Findings of the Audit will be presented to the Safeguarding Strategy Group
- 8.3 This policy will be reviewed every 3 years.

## **9. Equality and Human Rights Statement**

Mersey Care NHS Trust recognises that all sections of society may experience prejudice and discrimination. This can be true in service delivery and employment. The Trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The Trust believes that all people have the right to be treated with dignity and respect. The Trust is working towards, and is committed to the elimination of unfair and unlawful discriminatory practices. All employees have responsibility for the effective implementation of this policy. They will be made fully aware of this policy and without exception must adhere to its requirements.

Mersey Care NHS Trust also recognises its legal duties under the Human Rights Act 1998. ALL public authorities have a legal duty to uphold and promote human rights in everything they do. It is unlawful for a public authority to perform any act which constitutes discrimination.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line with the Human Rights principles of dignity, autonomy, respect, fairness, and equality.

## **10. Reference documents and bibliography**

Edleson, J – Children’s Witnessing of Adults Domestic Violence in the Journal of Interpersonal Violence, 14 839-870 (1999)

Department of Health – Working Together to Safeguard Children (2013)

HM Government - Adoption & Children Act (2002)

HM Government – Anti-Social Behaviour, Crime and Policing Act (2014)

Home Office – Domestic Violence, Crime & Victims Act (2004)  
Amended (2012)

HM Government Policy up date – Ending Violence against Women & Girls (2013)

CEMACH - Confidential Enquiry into Maternal & Child Health (2004)  
(Why Mothers Die 2000-2002)

Department of Health – Responding to Domestic Abuse – Handbook for Health Professionals (2005)

Lord Chancellor’s Department – ‘Who Decides?’ (1977)

Liverpool Safeguarding Children Board – Guidance for Safeguarding Children Abused through Domestic Violence/Abuse (2007)

Liverpool Safeguarding Children Board – Safeguarding Children Inter-agency Procedures Manual (2014)

Office of National Statistics (ONS) – Crime Statistics, Focus on Violent Crime & Sexual Offences 2012/2013

Women’s Aid annual Survey 2013

## **11. Associated Documents**

Mersey Care NHS Trust – Policy & Procedure for the Protection of Vulnerable Adults (2006)

Mersey Care NHS Trust – Policy & Procedure for the Safeguarding and Protection of Children (2011)

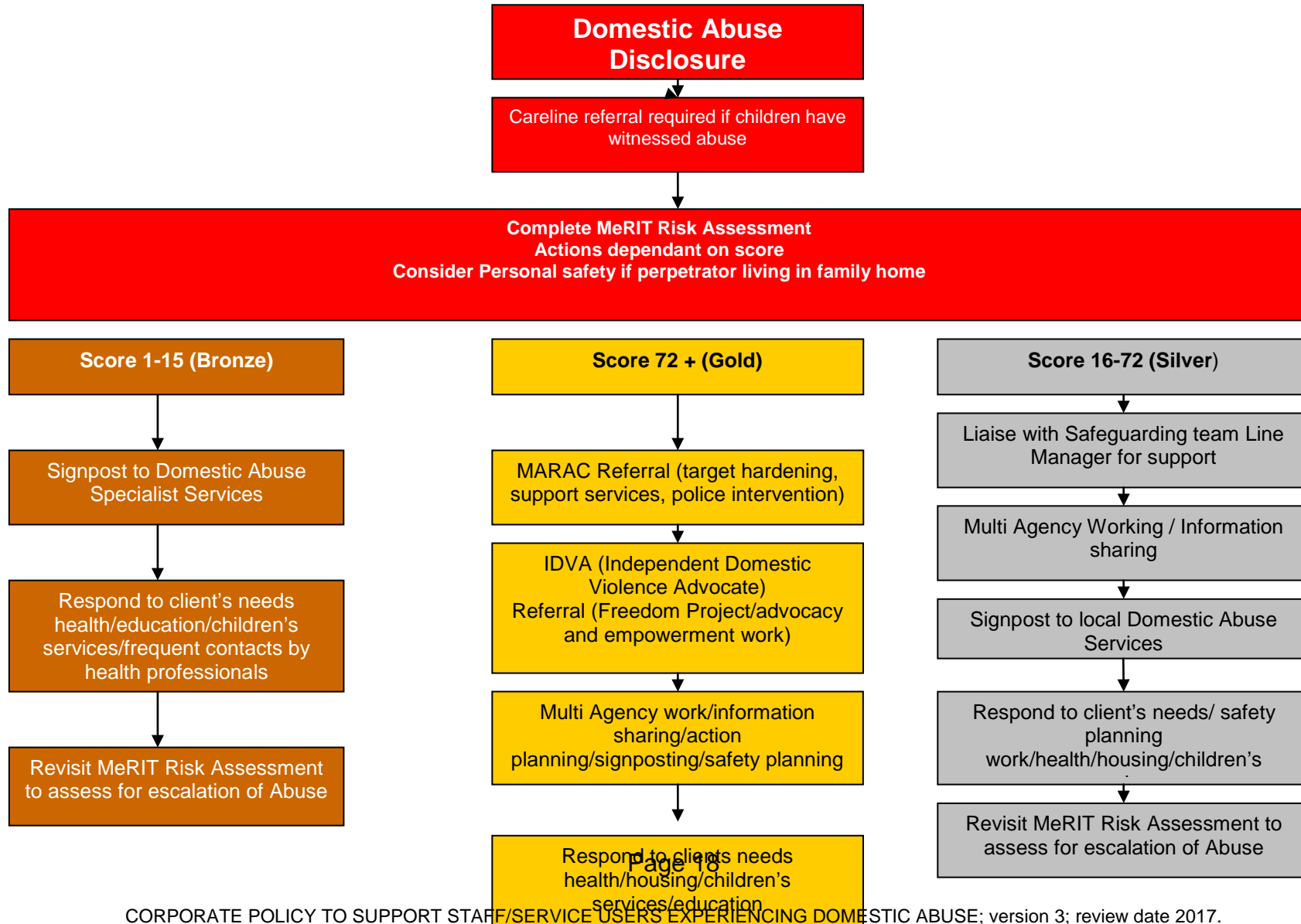
## **12. Appendices**

12.1 Appendix 1 – Management of Domestic Abuse Disclosure Pathway

12.2 Appendix 2 - Domestic Abuse Links & Contacts

# APPENDICES

## 11.1 Appendix 1 – Management of Domestic Abuse Disclosure Pathway





## 11.2 Appendix 2 - Domestic Abuse Links & Contacts

### Liverpool Area – In an emergency phone 999

#### **Police:**

Liverpool **North** Family Crime Investigation Unit      Tel: 0151 777 4587  
Liverpool **South** Family Crime Investigation Unit      Tel: 0151 777 10/5317

#### **Housing:**

Homeless Families      Tel: 0151 233 3027  
or Freefone 0800 731 6844

#### **Social Services:**

Liverpool Careline      Tel: 0151 233 3700 (24 hrs)

#### **Refugees:**

Amadudu (specialising in providing accommodation for black women and women with black children)      Tel: 0151 734 0083

Centre 56 (Womens Aid)      Tel: 0151 727 1355

#### **Helplines:**

Liverpool City Council Domestic Violence Helpline (Careline) -  
Tel: 0800 731 1313 – (confidential service 24 hrs/7 days per week)

National Domestic Violence Helpline      Freefone: 0800 200 0247

NSPCC National Helpline      Freefone: 0800 800 5000

Worst Kept Secret      Freefone: 0800 028 3398  
(Confidential telephone support which does not appear on landline phone bills)

Montgomeryshire Family Crisis Centre      Tel: 01686 629114

Mankind Initiative (men only)      Tel: 01823 334244

Men's Aid      Tel: 0871 223 9986

Male Advice & Inquiry Line      Tel: 0808 801 0327/0845 064 6800

MEDA Line (men only)      Tel: 01686 610391

#### **Support Agencies:**

Barnardo's – Keeping Children Safe  
(direct work with children who have been abused or bereaved in Liverpool area) Tel: 0151 709 0540

Chrysalis Tel: 0151 254 2640/  
Mobile: 07780948890

NSPCC Tel: 0844 8920264  
(Work with women and children who have experienced domestic violence/abuse. Also offer No Xcuses programme for perpetrators)

Parents Like You Tel: 0151 207 5200

RASA Tel: 0151 666 1392  
(Rape & Sexual Abuse Centre for Women on Merseyside)

Speke Garston Domestic Violence Project (including drop-in service)  
Freefone 0800 083 7114 or Helpline 0151 486 3999

Victim Support (Liverpool North) Tel: 0151 261 1969

Victim Support (Liverpool South) Tel: 0151 281 1000

### **Sefton Area – In an emergency Phone 999**

#### **Police:**

Sefton Domestic Violence Police Unit Tel: 0151 777 3087/3089

#### **Housing:**

Homelessness Team Tel: 0151 934 3541

#### **Social Services:**

Sefton Area Children's Services Tel: 0151 934 3737/3691/4498  
Out of Hours: 0151 920 8234

#### **Support Agencies:**

NSPCC Tel: 0844 8920264

SWACA (Sefton Women's & Children's Aid) – Offers practical and emotional support in various ways, ie Helpline, refuge, 1:1 support, solicitors surgeries, welfare and benefits advice:

Sefton Victim Support Tel: 0151 922 7015

Southport Victim Support Tel: 01704 885 277



## **Support Services:**

Merseyside Victim Support  
Out of hours (National)

Tel: 0151 298 2848  
Tel: 0845 303 0900

Wirral Domestic Violence Support Helpline

Tel: 0151 643 9766 (24 hrs)

Zero Centre Drop-in Facility

Tel: 0151 670 1528

## **Halton Area – In an emergency phone 999**

### **Police:**

Police Referral Unit

Tel: 01244 614 878

### **Housing:**

Homelessness Team

Tel: 0151 442 2061

### **Social Services:**

Office hours  
Out of hours

Tel: 01928 704 341  
Tel: 01606 76611

### **Refuge:**

Halton & District Women's Aid

Tel: 0151 495 2778

### **Support services:**

Outreach and floating support

Tel: 0151 420 1230

Victim Support

Tel: 01925 419 339

Asian Child Protection Helpline (NSPCC)

Tel: 0800 096 7719

Helplines also available in 5 Asian languages – ie Bengali, Gujarati, Hindi, Punjabi and Urdu

Muslim Women's Helpline

Mon-Fri 10.30-15.30hrs

Freefone 0800 032 7587 -0208 904 8193

(Provide a telephone counselling service to ALL Muslim women whatever their cultural, ethnic or linguistic background)

National Domestic Violence Helpline

Freefone:0800200 247

NSPCC National Helpline

Freefone:0800800000

Paws for Kids (pet fostering)

Tel: 01204 698999

**Mersey Care NHS Trust Safeguarding Office**

0151 471 2380 (office hours only)

All referral forms are available on the Mersey Care NHS Trust

[http://www.merseycare.nhs.uk/What\\_we\\_do/CBUs/Specialist\\_Management\\_Services/Safeguarding/Domestic\\_Violence.aspx](http://www.merseycare.nhs.uk/What_we_do/CBUs/Specialist_Management_Services/Safeguarding/Domestic_Violence.aspx)

**Jenny Robb**

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**Named Nurse for Safeguarding Children**

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**Safeguarding Adult Lead**

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**Dr Sakib Shamas-UD-DIN**

**Named Doctor Safeguarding Children and Adults**

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**Robert McLean**

**Head of Forensic Social Care/Nominated Officer for Safeguarding**

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[robert.mclean@merseycare.nhs.uk](mailto:robert.mclean@merseycare.nhs.uk)

**Crispin Evans**

**Specialist Practitioner for Safeguarding**

0151 471 2380

[crispin.evans@merseycare.nhs.uk](mailto:crispin.evans@merseycare.nhs.uk)

## **POLICY IMPLEMENTATION PLAN**

### **Policy: Management of Domestic Abuse**

POLICY NO	SA12
RATIFYING COMMITTEE	Corporate document Review Group
DATE RATIFIED	December 2014
NEXT REVIEW DATE	December 2017

**ACCOUNTABLE DIRECTOR:** Executive Medical Director

**POLICY AUTHORS:** Safeguarding Adult Lead and Named Nurse for Safeguarding Children



# Equality and Human Rights Analysis

<b>Title:</b>
<b>Area covered:</b>

<p><b>What are the intended outcomes of this work?</b> <i>Include outline of objectives and function aims</i> To Ensure that there is compliance with statutory duties under the Dept of Health Handbook for Health Professionals Responding to Domestic Abuse.</p>
<p><b>Who will be affected?</b> staff, patients, service users</p>

<p><b>Evidence</b></p>
<p><b>What evidence have you considered?</b> Review of previous SA12 policy (2011), which had full equality analysis</p>
<p><b>Disability (including learning disability)</b> No change</p>
<p><b>Sex</b> No change</p>
<p><b>Race</b> <i>Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</i> Inclusion within review. This includes issues of concern to black &amp; minority ethnic (BME) communities, such as so called honour base violence (HBV), female genital mutilation (FGM) and forced marriage. (HM Government 2013)</p>
<p><b>Age</b> <i>Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</i> No change</p>
<p><b>Gender reassignment (including transgender)</b> <i>Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.</i> Recommendation to include gender reassignment included.  Transgender to the list on page 4 . Add Trans gender on page 8 in section 2.3.5 . Page 10 section 3.5.2</p>
<p><b>Sexual orientation</b> <i>Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</i> No change</p>
<p><b>Religion or belief</b> <i>Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.</i> No change</p>
<p><b>Pregnancy and maternity</b> <i>Consider and detail (including the source of any evidence) on working arrangements,</i></p>



*part-time working, infant caring responsibilities.*

No change

**Carers** *Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.*

Previous assessment required identified inclusion of reference to carers.

Need to add 'carers' on the front of the policy statement - where it states service users add carers directly after. Also add carers in the overall document after service users. Section 3.4 page 9 Add 'carers' after service users.

Reword last part of sentence after the comma-to will receive the same respect and support when they request help.

**Other identified groups** *Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.*

No change

**Cross Cutting** *implications to more than 1 protected characteristic*

No change

<b>Human Rights</b>	<b>Is there an impact? How this right could be protected?</b>
<b>Right to life (Article 2)</b>	<i>supportive of a HRBA No change from review</i>
<b>Right of freedom from inhuman and degrading treatment (Article 3)</b>	<i>supportive of a HRBA No change from review</i>
<b>Right to liberty (Article 5)</b>	<i>supportive of a HRBA No change from review</i>
<b>Right to a fair trial (Article 6)</b>	<i>supportive of a HRBA No change from review</i>
<b>Right to private and family life (Article 8)</b>	<i>supportive of a HRBA No change from review</i>
<b>Right of freedom of religion or belief (Article 9)</b>	<i>supportive of a HRBA No change from review</i>
<b>Right to freedom of expression Note: this does not include insulting</b>	<i>supportive of a HRBA No change from review</i>

<b>language such as racism (Article 10)</b>	
<b>Right freedom from discrimination (Article 14)</b>	<i>supportive of a HRBA No change from review</i>

## Engagement and involvement

Policy was disseminated for consultation to service user group- What Women Want and external agency – community development worker Inclusion Matters

## Summary of Analysis

### Eliminate discrimination, harassment and victimisation

This policy seeks to ensure that those who experience domestic abuse/violence have equal access to support and services to safeguard and protect them

### Advance equality of opportunity

This policy seeks to ensure that those who experience domestic abuse/violence have equal access to support and services to safeguard and protect them

### Promote good relations between groups

This policy seeks to ensure that those who experience domestic abuse/violence have equal access to support and services to safeguard and protect them

## What is the overall impact?

This is supportive and anti discrimination approach to ensuring services to people experiencing domestic abuse. No significant change with review

## Addressing the impact on equalities

*No change to review*

## Action planning for improvement

*No change to review*

Please give an outline of your next steps based on the challenges and opportunities you have

identified. Include here any or all of the following, based on your assessment

- Plans already under way or in development to address the **challenges** and **priorities** identified.
- Arrangements for continued engagement of stakeholders.
- Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)
- Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies
- Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results
- Arrangements for making information accessible to staff, patients, service users and the public
- Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.

## For the record

**Name of persons who carried out this assessment:**

Sue Harris – Safeguarding Adult Lead

Meryl Cuzak – Equality and Human Rights Lead

**Date assessment completed:**

9<sup>th</sup> January 2015

**Name of responsible Director:**

David Fearnley – Medical Director

**Date assessment was signed:**

# Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Directorate
<b>Analysis of evidence and assessment</b>			
<b>Transparency (including publication)</b>			
<b>Engagement, Monitoring, evaluating and reviewing</b>			

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