

Screening and Management of Domestic Abuse Policy

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**JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
SCREENING AND MANAGEMENT OF DOMESTIC ABUSE POLICY**

EXECUTIVE SUMMARY

The cross-government definition of domestic violence and abuse is:

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

- psychological
- physical
- sexual
- financial
- emotional

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

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

*This definition includes so called 'honour' based violence, female genital mutilation (see Trust FGM Policy) and forced marriage.

The policy is clear that victims are not confined to one gender or ethnic group.

This policy provides guidance and information for all Trust staff on the process and procedure for reporting and managing situations of possible or actual domestic violence and abuse for patients, visitors and members of staff.

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1.0 INTRODUCTION

Domestic violence and abuse is priority across government. The Trust is committed to protecting patients, staff and visitors from domestic violence and abuse and providing a clear referral process and support for those making allegations.

1.1 Background

In 2013, Government definition of domestic violence was widened to include those aged 16-17 and wording changed to reflect coercive control. The decision follows a Government consultation which saw respondents call overwhelmingly for this change. The issue was also re-classified from domestic violence to 'domestic violence and abuse'. This policy reflects the changes within national policy.

Under the Health and Safety at Work Act (1974) and the Management of Health and Safety at Work Regulations (1992), the Trust recognises its legal responsibilities in promoting the welfare and safety of all staff. Therefore this policy applies to staff across all sites as well as agency and contract staff (and elected members).

1.2 Scope

The policy sets out how the Trust ensures there is a consistent approach to any reported allegations of domestic violence and abuse, reported or witnessed against patients, staff or visitors.

1.3 Responsibilities

Chief Executive

The Trust Chief Executive as Accountable Officer has overall responsibility for ensuring the aims of this Policy and Procedure are met.

Director of Nursing/ Deputy Director of Nursing

Will provide a lead for all clinical staff in maintaining a focus and direction on the management of domestic violence and abuse incidents and ensure provision of a quality service to all.

Safeguarding Team: Named Lead for Safeguarding Adults/Named Nurse for Safeguarding Children/Safeguarding Assistant

Act as a contact for Trust staff if they have any concerns regarding actual or suspected domestic violence and abuse. Can support the patient or member of staff and assist in making a referral to relevant agencies/departments.

Act as a contact point for agencies involved in monitoring domestic abuse.

Support staff and Domestic Abuse Champions who report domestic violence and abuse by patients, other workers, relatives and visitors.

To develop and lead on all Domestic Abuse training for all Trust staff and Domestic Abuse Champions.

Named Midwife for Safeguarding/Eden Team

Assess need for referral into partnership agencies

Deliver a teaching session covering mental health, domestic violence and abuse and substance abuse to midwives and NICU staff as part of their annual training.

Be a point of access for staff, patients or visitors wishing to report domestic violence and abuse or seeking advice and information

Visit clients in community to offer support and welfare checks

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Domestic Abuse Champions

Act as a conduit for information about Domestic Abuse to their teams and patients as required. Liaise with Safeguarding Assistant and to support staff.

Clinical Staff

Due to the nature of their roles in providing direct patient care; nurses, medical staff and allied health professionals are key to recognising and so highlighting domestic violence and abuse in whatever form it presents itself. Health professionals must be aware of their individual professional body's advice and expectations of the practitioner-client relationship.

Paediatric A&E Staff

To complete THELLPPSS tool (Appendix 2) for EVERY child up to and including the age of 18 who attend A&E.

All Employees

All those working in the Trust must be clear that it is not possible to keep information about suspected or actual domestic violence and abuse a secret, and staff have a responsibility to report suspected or actual domestic violence and abuse; even if the patient or colleague declines to give their consent (in high risk situations).

If children (under 18 years of age) are involved in domestic abuse incidents; it is mandatory to report to MASH/CADS and inform Safeguarding team.

1.4 Monitoring and Review

Three Yearly review of policy.-Safeguarding Leads

1.5 Related Documents

- Safeguarding Policy
- Safeguarding Adults Policy
- A.S.C. Tool
- THELLPPSS Tool
- FGM Policy
- Disciplinary Policy and Procedure Responding to domestic abuse: a resource for health professionals, March 2017 NICE Domestic Violence and abuse Quality Standard Feb 2016
- NICE Domestic Violence and Abuse Overview, August 2017
- Special Leave
- Flexible Working

1.6 Reader Panel

The following formed the Reader Panel that reviewed this document:

Post Title

Safeguarding Committee

1.7 Trust Values

This Policy conforms to the Trust's values of putting patients first, aiming to get it right, recognising that everybody counts and doing everything openly and honestly. The Policy incorporates these values throughout and an Equality Impact Assessment is completed to ensure this has occurred.

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1.8 Glossary

The following terms and abbreviations have been used within this Policy:

Term	Definition
A.S.C.	Adults Safeguarding Checklist
THELLPPSS	Children Safeguarding Checklist
FGM	Female Genital Mutilation
DA Champions	Domestic Abuse Champions
MASH	Multi-Agency Safeguarding Hub

1.9 Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

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2.0 STATEMENT OF POLICY

The Trust recognises that domestic violence and abuse occurs across the whole of society regardless of race, ethnicity, religion, disability, age, class, income, gender and sexuality. All staff involved in health may experience presentations of domestic violence and abuse. Staff should comply with the local safeguarding children and adult procedures where relevant.

2.1 Policy Objectives

The objective of the Policy is to:

Ensure Trust staff are informed about their responsibilities when domestic violence and abuse is disclosed by patients, colleges or visitors.

2.2 Definition

For the purpose of this policy, the definition of Domestic Violence and Abuse is:

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

- psychological
- physical
- sexual
- financial
- 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 definition includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage.

The policy is clear that victims are not confined to one gender or ethnic group.

2.3 Disclosure of Domestic Violence and Abuse

Patients, visitors and staff may disclose domestic violence and abuse unprompted, or after clinical enquiry as required on admission or booking.

Employees experiencing domestic violence and abuse may choose to disclose, report to or seek support from a union representative, a line manager, or colleague. Line managers and union representatives will not counsel victims, but offer information, workplace support, and signpost other organisations. Information and support is available from Safeguarding Leads, Safeguarding Assistant and DA Champions.

The Safeguarding Team will be nominated as an additional confidential contact for employees. They will also provide guidance for DA Champions, line managers and union representatives who are approached by employees who are being abused.

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There are occasions where 'professional curiosity' is necessary, thereby asking some explicit questions about whether domestic violence and abuse are occurring. Accident and Emergency Department Staff should consider using the A.S.C. tool (See Appendix 1) with adult patients if they believe they are victims of domestic violence and abuse. All families admitted with children under the age of 18 will be required to complete the THELLPPSS tool (See Appendix 2).

Midwifery staff are required to ask the woman (where possible) on their first booking appointment and again at subsequent appointments/visits if they are experiencing domestic violence and abuse. This question and response are documented in patients GP or hospital medical records. The EDEN team should be informed and DASH assessment (Appendix 4) completed where possible.

In all instances, where DA has been disclosed, the Norfolk or Suffolk DASH assessment (Appendix 4) should be considered if the adult patient is able to consent. If appropriate, this tool should be completed with the Victim and shared with the Safeguarding Team, who will take appropriate action.

2.4 Confidentiality and Right to Privacy

Employees who disclose experiencing violence and abuse can be assured that the information they provide is confidential and will not be shared with other members of staff without their permission.

In circumstances where the Trust has to breach confidentiality it will seek specialist advice, from the Safeguarding Leads for the Trust, before doing so. Safeguarding Leads will advise line managers if formal Safeguarding referrals are needed. If the Trust decides to proceed in breaching confidentiality after having taken advice, it will discuss with the employee why it is doing so and will seek the employee's agreement where possible.

There are, however, some circumstances in which confidentiality cannot be assured. These occur when there are concerns about children or vulnerable adults or where the Trust needs to act to protect the safety of employees.

As far as possible, information will only be shared on a need-to-know basis and recording will be held in the Safeguarding Team office.

All records concerning domestic violence and abuse will be kept strictly confidential. No local records will be kept of absences related to domestic violence and abuse and there will be no adverse impact on the employment records of victims. Improper disclosure of information i.e. breaches of confidentiality by any member of staff will be taken seriously and may be subject to disciplinary action.

Where domestic violence and abuse in a same sex relationship is disclosed, due regard will be paid to the double disclosure of confidential information particularly where the staff member may not have disclosed their sexuality to colleagues.

2.5 Support for Individuals

The Trust recognises that developing a life free from abuse is a process not an event and the Trust will provide ongoing support for employees who disclose abuse. The Trust and trade union representatives will work together cooperatively to help staff experiencing domestic violence and abuse.

The Trust will respond empathetically, confidentially and effectively to any member of staff who discloses that they are experiencing domestic violence and abuse.

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2.6 Role of the Line Manager

The role of the line manager is to:

- Foster an open management culture that enables team members to disclose sensitive issues
- Provide support in the first instance but also recognise the limitations of his/her role (managers are not professional counsellors or experts)
- Protect confidentiality in all instances except where to do so would leave children or vulnerable adults at risk of significant harm/danger
- Enable the affected employee to remain at work during a difficult period in his/her domestic life
- Special paid leave for relevant appointments, including with support agencies, solicitors, to rearrange housing or childcare, and for court appointments
- Temporary or permanent changes to working times and patterns
- Changes to specific duties, for example to avoid potential contact with an abuser in a customer facing role
- Redeployment or relocation
- Take measures to ensure a safe working environment, for example changing a telephone number to avoid harassing phone calls
 - Take measures to ensure a safe working environment for staff in the surrounding team/department as the individual being targeted;
 - Support other staff or colleagues impacted by the situation (either patient or staff);
- Using other existing policies, including flexible working
- Access to counselling/support services (e.g. Occupational Health) in paid time
- Advise staff of free confidential support service available through PAM

<http://www.pamassist.co.uk/public/login.aspx?ReturnUrl=%2fSupport> the role of DA Champions in their area.

Line managers can access support and advice from Safeguarding Leads throughout.

2.7 Role of Domestic Abuse Champions

- Any Trust staff who have completed Domestic Abuse Champions two day course can undertake the role of DA Champion.
- Act as a conduit for information about Domestic Abuse to their teams and patients as required,
- Attend Trust Domestic Abuse and Safeguarding Forums
- To support staff, patients, relatives, visitors who identify DA concerns

2.8 Perpetrators of Domestic Violence and Abuse

Domestic violence and abuse perpetrated by employees will not be condoned under any circumstances nor will it be treated as a purely private matter. The Trust recognises that it has a role in encouraging and supporting employees to address violent and abusive behaviour of all kinds. If a member of staff is being investigated there is a contractual obligation to inform the Trust.

The Trust will treat any allegation, disclosure or conviction of a domestic violence and abuse related offence on a case-by-case basis with the aim of reducing risk and supporting change.

The Trust will treat any criminal convictions related to domestic violence and abuse as misconduct/gross misconduct and employees will therefore be subject to the Trust's disciplinary policy which could result in the termination of their employment.

In the event that an employee is imprisoned as a result of a conviction related to domestic violence and abuse, depending on the circumstances the Trust will consider treating such

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absence as frustration of the employment contract which could result in the termination of the employee's employment with the Trust.

If a colleague is found to be assisting an abuser in perpetrating the abuse, for example by giving them access to facilities such as telephone, email or fax machines then they will be seen as having committed a disciplinary offence.

If it becomes evident that an employee has made a malicious allegation that another employee is perpetrating abuse then this will be treated as a serious disciplinary offence and action will be taken.

The Trust is committed to ensuring that:

- Allegations will be dealt with fairly and in a way that provides support for the person who is the subject of the allegation or disclosure
- All employees will receive guidance and support
- Confidentiality will be maintained and information restricted only to those who have a need-to-know
- Investigations will be thorough and independent
- All cases will be dealt with quickly avoiding unnecessary delays
- All efforts will be made to resolve the matter within 4-6 weeks, although some cases will take longer because of their nature or complexity

The alleged perpetrator will be:

- Treated fairly and honestly
- Helped to understand the concerns expressed and processes involved
- Kept informed of the progress and outcome of any investigation and the implications for any disciplinary process
- Advised to contact their union or professional organisation

2.9 If the Victim and the Perpetrator Work in the Trust

In cases where both the victim and the perpetrator of domestic violence and abuse work for the Trust, the Trust will take appropriate action.

In addition to considering disciplinary action against the employee who is perpetrating the abuse, action may need to be taken to ensure that the victim and perpetrator do not come into contact in the workplace.

Action may also need to be taken to minimise the potential for the perpetrator to use their position or work resources to find out details about the whereabouts of the victim. This may include a change of duties for one or both employees or withdrawing the perpetrator's access to certain computer programmes or offices.

However, it is also recognised that in certain circumstances, those experiencing and perpetrating domestic violence and abuse in a relationship may choose to seek solutions jointly, and in such situations appropriate support should be given.

2.10 Role of Colleagues

The Trust encourages all employees to report if they suspect a colleague is experiencing or perpetrating violence and abuse. Employees should speak to their line manager about their concerns in confidence. In dealing with a disclosure from a colleague, line managers and others should ensure that the employee with concerns is made aware of the existence of this policy and availability of DA Champions.

2.11 Actions

If there are disclosures of or it is suspected that domestic violence and abuse are occurring, Trust staff should use the Referral Flowchart (Appendix 3). This gives clear guidance around referring

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to relevant agencies, taking into account that some patients have the right to refuse support or referrals.

Trust staff must ensure they have thoroughly assessed whether there are any children or vulnerable adults within the environment where domestic violence and abuse are taking place. If there are child/ren in the environment a referral to MASH/CADS **must** be made (See Appendix 3). If there are vulnerable adult/s at risk of abuse in the environment or the patient themselves is a vulnerable adult a referral to MASH/CADS **must** be made (See Safeguarding Adults Policy).

If the patient's situation does not meet the criteria as outlined above but they agree to Police involvement this can be done by calling local Police on 101 or contacting either Norfolk or Suffolk MASH/CADS. (See Appendix 3) If the patient consents, a DASH risk assessment **must** be completed by either a DASH trained member of staff (available through Safeguarding team) or a registered professional

The patient may not consent to Police involvement, but may agree to a referral to Leeway (Norfolk patient) or Lighthouse (Suffolk patient) (See Appendix 3).

Trust staff can seek guidance and advice from the Safeguarding Team, DA Champions or (out of hours) the Site Management Team around disclosures of domestic violence and abuse.

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Appendix 1 – A.S.C. Tool

<p>A – Adult at risk of abuse or neglect? Do they meet any of the following criteria?</p>	<p>Mental Health Learning Disability Drug and Alcohol Issues Physical Disability Older and Frail Dementia</p>
<p>S – Safeguarding? Are there any allegations of abuse by the patient or anyone else involved?</p>	<p>Discriminatory Domestic Abuse Financial or material Modern Slavery Neglect and acts of omission Physical Psychological Self-neglect Sexual Organisational</p>
<p>C – Carer? Is the patient caring for anyone who is fully dependent on them? <i>(Please gather as much information as you can about the dependent)</i></p>	<p>Vulnerable adult(s) and/or child(ren)</p>

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A&E A.S.C.

Is there any ONE of the following issues for the patient?
Substance Misuse Domestic Violence Mental Health Issues
(These criteria are defined by the Department of Health as the 'TOXIC TRIO')

If so, when completing a social history with the patient, ensure you have asked them the following: **A.S.C.**

Is this adult at risk of abuse or neglect? (see **A** overleaf)

Are there safeguarding concerns/identifiable abuse categories? (see **S** overleaf)

Does this adult have caring responsibilities? (see **C** overleaf)

If the patient has a child/children this is an automatic Safeguarding Children referral to MASH

Document the information you gather and consider possible outcomes

Consult with the patient about additional support needs i.e. Adult Social Care/Leeway/Police (this list is not exhaustive). Support the patient to have a 'safe' plan before they are discharged. Report concerns to the JPUH Safeguarding Team

Complete a Safeguarding Adults **AND / OR** Safeguarding Children MASH referral form(s)

Should you have any queries/concerns please contact;
Office hours: Kelly Boyce, Named Safeguarding Adult Lead
 Extn: 2231 / Bleep: 1097
Out of hours: Site Management Team, via main switchboard

Flowchart for ASC (June 2015)jr1 5

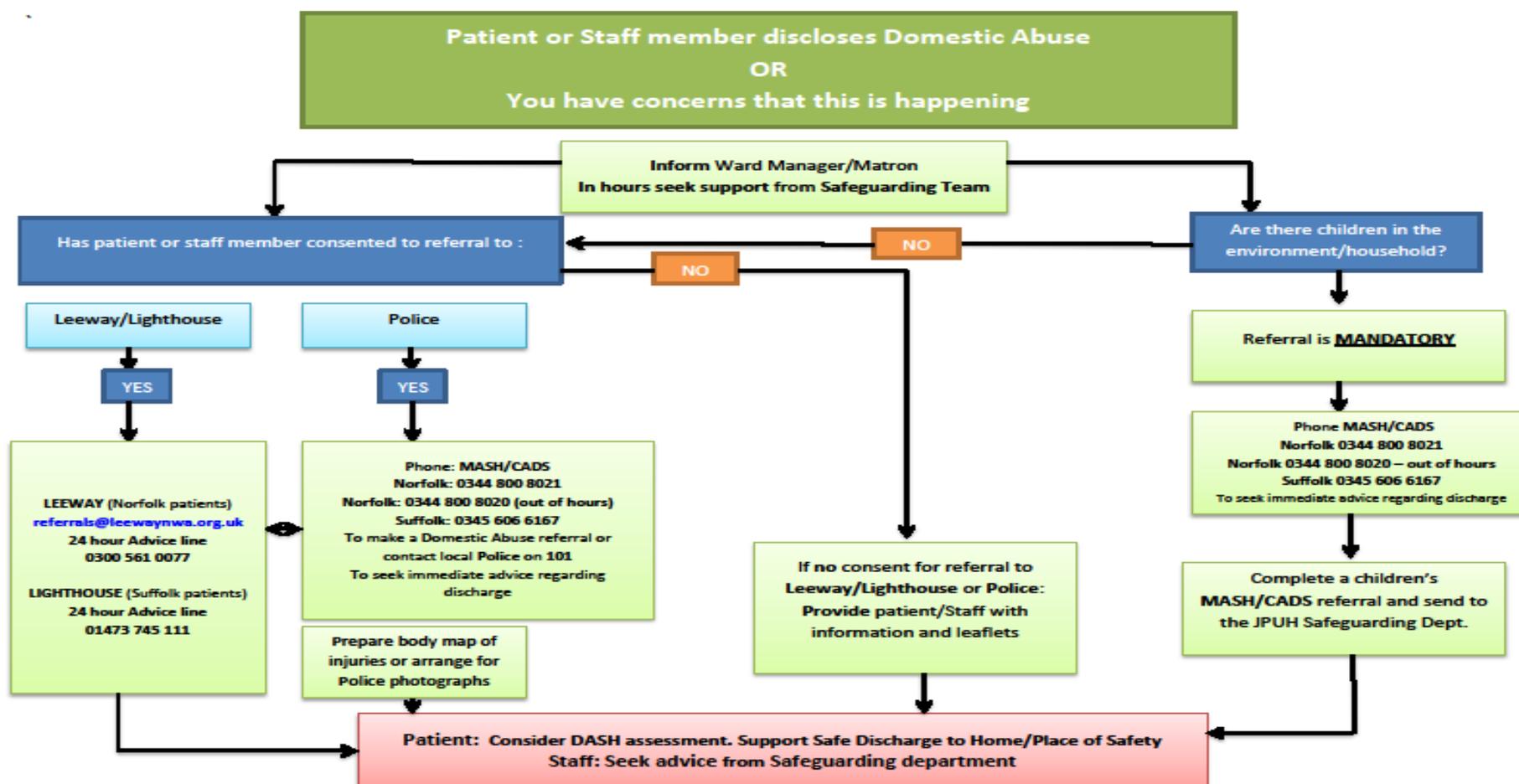
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Appendix 2 – THELLPPSS Tool

To assist us to document essential information for your child, please complete this side of the form whilst waiting to be seen.

C hild's Name:	
THELLPPSS	
T ime of onset:	
H ealth Visitor:	
E scort: (Name and relationship to child)	
L anguage:	
L ives with: (Who's at home and relationship)	
P ain score: (0-10)	
P arental responsibility:	
S chool/Nursery:	
S ystemOne Checked:	

Appendix 3 – Referral Flowchart



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Appendix 4 – Equality Impact Assessment

Policy or function being assessed: Management of Domestic Abuse

Department/Service: Corporate

Assessment completed by: Kelly Boyce/N Lovett

Date of assessment: June 2018

1.	Describe the aim, objective and purpose of this policy or function.	To ensure there is awareness to identify domestic violence and abuse and that Trust staff respond appropriately in accordance with both Norfolk and Suffolk arrangements.		
2i.	Who is intended to benefit from the policy or function?	Staff x Patients x Public x Organisation x		
2ii	How are they likely to benefit?	Identification and support for patients who are victims of domestic violence and abuse.		
2iii	What outcomes are wanted from this policy or function?	Improved outcomes for patients, staff and the organisation.		
For Questions 3-11 below, please specify whether the policy/function does or could have an impact in relation to each of the nine equality strand headings:				
3.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their race/ethnicity?		N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
4.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their gender?		N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
5.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their disability? Consider Physical, Mental and Social disabilities (e.g. Learning Disability or Autism).		N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
6.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their sexual orientation?		N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
7.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their pregnancy or maternity?		N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data

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8.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their religion/belief?		N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
9.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their transgender?		N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
10.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their age?		N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
11.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their marriage or civil partnership?		N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
12.	Could the impact identified in Q.3-11 above, amount to there being the potential for a disadvantage and/or detrimental impact in this policy/function?		N	Where the detrimental impact is unlawful, the policy/function or the element of it that is unlawful must be changed or abandoned. If a detrimental impact is unavoidable, then it must be justified, as outlined in the question above.
13.	Can this detrimental impact on one or more of the above groups be justified on the grounds of promoting equality of opportunity for another group? Or for any other reason? E.g. providing specific training to a particular group.	Y	N	Where the detrimental impact is unlawful, the policy/function or the element of it that is unlawful must be changed or abandoned. If a detrimental impact is unavoidable, then it must be justified, as outlined in the question above.
14.	Specific Issues Identified			
	Please list the specific issues that have been identified as being discriminatory/promoting detrimental treatment			Page/paragraph/section of policy/function that the issue relates to
	1.			1.
	2.			2
	3.			3
15.	Proposals			
	How could the identified detrimental impact be minimized or eradicated?			
	If such changes were made, would this have repercussions/negative effects on other groups as detailed in Q. 3-11?		N	

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20.	<p>The Trust Values</p> <p>In addition to the Equality and Diversity considerations detailed above, I can confirm that the four core Trust Values are embedded in all policies and procedures.</p> <p>They are that all staff intend to do their best by:</p> <p>Putting patients first, and they will: Provide the best possible care in a safe clean and friendly environment, Treat everybody with courtesy and respect, Act appropriately with everyone.</p> <p>Aiming to get it right, and they will: Commit to their own personal development, Understand theirs and others roles and responsibilities, Contribute to the development of services</p> <p>Recognising that everyone counts, and they will: Value the contribution and skills of others, Treat everyone fairly, Support the development of colleagues.</p> <p>Doing everything openly and honestly, and they will: Be clear about what they are trying to achieve, Share information appropriately and effectively, Admit to and learn from mistakes.</p> <p>I confirm that this policy/function does not conflict with these values. <input checked="" type="checkbox"/></p>
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