Trust Policy		Worcestershire Acute Hospitals NHS Trust

Domestic Abuse Policy

Department / Service:	Trust wide
Originator:	Kate Birch Named Midwife for Safeguarding/Domestic Abuse Lead Debra Blenkinsop Associate Professional Safeguarding Deborah Narburgh, Head of Safeguarding
Accountable Director:	Hayley Flavell, Chief Nursing Officer
Approved by:	Integrated Safeguarding Committee 27.01.2026 (Chair approval) Improving Safety Action Group 03.02.2026
Date of approval:	03rd February 2026
First Revision Due:	3rd February 2029
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Trust wide
Target staff categories	All staff

Policy Overview:

This policy applies to all staff and volunteers employed by Worcestershire Acute Hospitals NHS Trust. The policy will:

- Provide a framework of evidence-based practice in responding to domestic violence and abuse in accordance with the Trusts statutory safeguarding responsibilities
- Promote a consistent and quality approach to Domestic Abuse in line with local and National guidance, including the Domestic Abuse Act (2021)
- Aim to ensure all WAHT staff are aware of their responsibilities to identify, risk assess, and support victims of Domestic Abuse and their families
- Ensure Staff have the knowledge and skills to support their responsibilities, ensuring that all allegations and incidents of domestic abuse are taken seriously
- Run in parallel with partner agencies in the recognition and response to domestic violence and abuse.
- Work in accordance with 'Think Family' Approach in respect of Domestic Abuse
- To contribute to partnership working in regard to the reduction of death by suicide as a result of Domestic Abuse
- To comply with Working Together 2023
- To comply with the WAHT Managing Allegations - People in a Position of Trust Policy

Latest Amendments to this policy:
Full revision to include the legislation, new terminology, legal and criminal frameworks, definitions and recommendations from the Domestic Abuse Act 2021 and the 'Think Family' safeguarding model. This policy will form part of a suite of safeguarding policies and procedures that support the Trust's position in accordance with the NHSE Safeguarding Assurance and Accountability Framework
24.03.2026 Updated version MARAC referral document throughout.
24.04.2026 Updated to reflect new HIDVA service provision as of 01.04.2026 - AXIS

Contents page:

Quick Reference Guide – Adult Pathway

Adult discloses they are a victim of DA

Encourage the patient to notify the police

Reassure patient and gain consent to complete DASH Risk Assessment:

SafeLives DASH Risk Checklist

A score of 14 on DASH or professional judgement refer to MARAC

MARAC Referral Form - Multi Agency 2

Send completed MARAC referral to: worcestershiremarac@westmercia.police.uk

Gain consent for referral to HIDVA email at Hospital.IDVA@axis.cjsm.net (this email address is secure)

HIDVA at Worcester Royal Hospital: 07852130516

HIDVA at the Alexandra Hospital: 07852130418

If patient being discharged, ensure it is safe for them to return to their accommodation. Discuss safety planning and provide WMWA contact details: 0800 980 3331 - 7am-10pm, 9-5 Bank Holidays

If unsafe for adult to return to their accommodation consider referral to Adult Social Care by following this link: Get in contact with Adult Social Care | Worcestershire County Council

If this form is unavailable call 01905 768053

For inpatients, contact the Onward Care Team

Quick Reference Guide – Children Pathway

Child Witness

Child <18 yrs discloses they have witnessed DA

↓

Document in hospital record, use the child's words

↓

Do not confront the abuser

↓

If victim present with child/young person

↓

Encourage victim to disclose DA and notify Police

↓

Complete online referral to Worcestershire Children's Services
Refer to Children's Social Care Worcestershire County Council

↓

Refer to HIDVA.
HIDVA will offer support to both victim and child/young person
Hospital.IDVA@axis.cjsm.net

The HIDVA at Worcester Royal Hospital: 07852130516
The HIDVA at the Alexandra Hospital: 07852130418

Child Victim

Child <18yrs discloses they are a victim of DA

↓

Document in hospital notes, use the child's words

↓

Do not confront the abuser

↓

Explain to child what your intentions are

↓

Complete online referral to Worcestershire Children's Services and any other agency in response to the severity of risk, e.g. Police
Refer to Children's Social Care Worcestershire County Council

↓

Refer to HIDVA.
HIDVA will offer support to both victim and child/young person
Hospital.IDVA@axis.cjsm.net

The HIDVA at Worcester Royal Hospital: 07852130516
The HIDVA at the Alexandra Hospital: 07852130418

Quick Reference Guide – Midwifery & Maternity Pathway

Routine Enquiry question must be asked twice antenatally

RE Positive

Encourage them to report to police

Reassure them and gain consent to complete DASH Risk Assessment.
Dash risk checklist and FAQs - SafeLives

A score of 14 on DASH or professional judgement refer to MARAC

MARAC Referral Form - Multi Agency

Send completed MARAC referral to: worcestershiremarac@westmercia.police.uk

Ask them if they feel safe to return to home. If YES

Discuss Safety Planning and provide WMWA contact details: 0800 980 3331

NB: Professional Judgement should be used when escalating with or without consent

RE Negative

Continue to ask RE question at every opportunity

Remember to ask RE question post delivery

Gain consent for referral to HIDVA
Available via switchboard or email: Hospital.IDVA@axis.cjsm.net (secure email)
For out of hours contact WMWA on 0800 980 3331

Ask birthing parent if they feel safe to return to home. If NO

HIDVA - Worcester Royal Hospital – 07852130516
Alexandra Hospital - 07852130418
Out of Hours contact WMWA 0800 980 3331

If there are other children in the property, discuss with birthing parent referral to Worcestershire Children's Services

1. INTRODUCTION

Domestic abuse is a pervasive public health issue with profound implications for the physical, emotional, and psychological wellbeing of individuals and families.

As a healthcare provider, we are uniquely positioned to identify, support, and safeguard victims of domestic abuse—often at critical moments when they seek care.

Domestic abuse affects people across all demographics, regardless of age, gender, ethnicity, or socioeconomic status. It can occur in heterosexual, gay, lesbian, and transgender relationships.

However, the health sector remains one of the most underutilised avenues for early intervention. Survivors frequently present to healthcare services long before they disclose abuse to police or support agencies. Our staff must be equipped to recognise the signs of domestic abuse, respond safely, and refer appropriately.

1.1 Prevalence of Domestic Abuse

SafeLives (2025) Insight datasets reveal that:

- 10.4 million adults in England and Wales have experienced domestic abuse since they were 16. This includes 7.1 million women and 3.3 million men.
- In the year ending March 2024, police recorded 1.35 million domestic abuse related incidents in England and Wales. Yet fewer than 1 in 5 victims report to the police so this is thought to be far higher.
- Each year more than 75,000 people are assessed as at risk of being murdered or seriously harmed by domestic abuse.
- Every month an estimated 8 women in England and Wales are killed by a current or former partner. The risk for serious assault or death being highest for a woman after she leaves an abusive relationship.
- 41% of women killed were murdered by a partner or ex, compared with 4% of male victims.
- 1 in 8 women who take their own lives do so because of domestic abuse.
- By the time they start school at least 1 child in every class will have been living with domestic abuse since birth.
- Over 105,000 children live in homes with high-risk domestic abuse, 78% are directly harmed by the perpetrator.
- 1 in 5 children in the UK experience domestic abuse during childhood.
- 25% of 13 – 18 years old girls report physical abuse, 33% report sexual abuse in their own intimate relationships.
- High risk victims live with abuse for an average of 2.3 years before getting effective support.
- In the year before receiving help 85% had sought support on an average of 5 times.
- On average victims experience 50 incidents of abuse before getting help.

The speed at which we identify and respond to domestic abuse is critical to limiting the harm caused to victims and their children.

1.2 Male Victims and Domestic Abuse

Male victims (39%) are over three times as likely as women (12%) not to tell anyone about the partner abuse they are suffering from. Only 10% of male victims will tell the police and only 26% women, only 23% of men and 43% of women will tell a person in an official position. Only 11% of men and 23% women will tell a health professional.

In 2018, Gallop's national research showed that 11% of LGBT people had faced domestic abuse from a partner in the last year (LGBTQIA+ Domestic Abuse - Reducing the Risk).

1.3 General Perceptions

In Britain over the last decade, there has been a significant social shift in the public perception of domestic abuse. Domestic abuse is now the subject of increasing public concern and condemnation and there is much greater understanding of the nature of abuse and its serious long-lasting consequences.

Guidance from government departments and key voluntary agencies advocate a proactive approach to domestic abuse (DOH 2011) and evidence shows that direct questions get more positive results than vague queries.

Research findings indicate that many survivors of domestic abuse wanted someone to ask them what was happening at home when in contact with a health professional.

In all contact with clients who may have experienced domestic abuse it is vital that health care staff ask the question: 'Will my intervention leave this person and their children in greater safety or greater danger?'

1.4 Links to Wider Safeguarding Considerations

This updated policy incorporates legal and practice guidance from the Domestic Abuse Act 2021 and the Think Family Safeguarding model. The policy continues to provide a framework of evidence-based practice but now recognises:

- Children as victims in their own right where they see, hear, or experience domestic abuse.
- The role of economic abuse and post-separation control as part of a statutory definition of domestic abuse.
- The importance of a whole-family approach to safeguarding that spans adult and child services.

2. SCOPE

- This policy is intended to provide clear guidance for all Worcestershire Acute Hospitals NHS Trust (WAHT) employees on how to identify and respond to domestic abuse.
- The contents of this policy apply to all staff groups working within WAHT
- Runs in parallel with partner agencies responding to domestic abuse and those that provide specialist domestic abuse services e.g. West Mercia Women's Aid (Hospital Independent Domestic Violence Advisor (HIDVA) service).
- This policy details the principles and standards to effectively address domestic abuse.

- This policy is not only relevant to health professionals working directly with service users, but also to all staff working in WAHT.

- This is in recognition that everyone shares responsibility for safeguarding children and at-risk adults with care and support needs irrespective of individual roles.

- Specialist sections included are Adults, Children, Maternity, Staff and Any Other Concerns.

3. DEFINITIONS

In 2013 the Government's definition of Domestic Violence and Abuse (DVA), was widened to include those aged 16–17, and the wording changed to reflect coercive control. The definition included "honour "based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confirmed to one gender or ethnic minority.

The definition of Domestic Abuse (DA) has evolved to recognise a broader range of abusive behaviours beyond physical violence. The Domestic Abuse Act 2021 in the UK provides a statutory definition that includes physical, sexual, emotional, psychological, and economic abuse, as well as coercive and controlling behaviour.

This definition ensures that Domestic Abuse is understood as more than just physical harm—it can also involve financial control, manipulation, and threats. **Additionally, the law recognises that children who witness domestic abuse are victims in their own right.**

Domestic Abuse (DA) is a broad description of situations that develop within the home/family environment but is also now where power is exercised to the detriment of one party, DA can happen to anyone, but research and crime statistics consistently indicate that it is a gendered issue which disproportionately affects women.

There are several risk factors for becoming a victim of DA, which include age and pregnancy. Women in younger age groups, particularly those aged 16-24 years are at greater risk. The greatest risk is for teenage mothers/child bearers, and during the postnatal period. Jeha et al. (2015) – Journal of Neonatal-Perinatal Medicine.

Definition of DA is:

The Domestic Abuse Act 2021 defines domestic abuse as behaviour between individuals aged 16 or over who are personally connected or have been intimate partners or family members, where the behaviour is abusive. This includes:

- Physical or sexual abuse
- Violent or threatening behaviour
- Controlling or coercive behaviour
- Economic abuse (such as restricting access to financial resources)
- Psychological, emotional, or other abuse

The Act also recognises children as victims in their own right if they see, hear, or experience the effects of domestic abuse. The role of economic abuse and post-separation control as part of a statutory definition of domestic abuse. You can read the full legal definition in the Domestic Abuse Act 2021.
The importance of a whole-family approach to safeguarding that spans adult and child services also needs to be recognised as part of the definition.

3.1 Victim/Survivor and Perpetrators

Victim/Survivor:

Is anyone, including Teenagers 16yrs and over, who has been injured and/or emotionally or sexually abused by a family member or intimate partner with whom they have had an intimate relationship. This policy will use the term victim or survivor interchangeably.

Perpetrator:

A perpetrator of Domestic Abuse is a person, of any gender/gender identity, who engages in abusive or controlling behaviour.

3.2 Types of Domestic Abuse

Intimate Partner Violence

Domestic abuse most commonly takes place in intimate partner relationships. The vast majority is perpetrated by men against women, but men are also subject to abuse by female partners, and people of any gender identity including transgender, non-binary or intersex people may also be subject to abuse. Anybody may be subject to abuse from same sex partners. Such abuse in intimate relationships can vary in severity and frequency, ranging from a one-off occurrence to a continued pattern of behaviour.

It can involve or be perpetrated alongside abuse by other family members and in extended family households or settings, particularly where the victim is living with the perpetrator's family. Abuse often continues even when a relationship has ended, which can be a significantly dangerous time for a victim. Post-separation abuse, including stalking, harassment and forms of physical, emotional, sexual and economic abuse often continues and causes ongoing harm.

Abuse by Family Members

Abuse within a family can encompass a number of different behaviours. A wide range of family members will be considered to be "relatives" that can perpetrate and be victims of abuse. See honour based abuse and forced marriage.

Teenage Relationship Abuse

Relationship abuse happens at all ages, not just in adult relationships: latest figures show that men aged between 16-19 yrs were most likely to experience domestic abuse than any other age group; women aged between 16-19 yrs were more likely to experience domestic abuse than those aged over 25yrs.

Domestic abuse in teenage relationships is just as severe and has the potential to be as life threatening as abuse in adult relationships. Young people may experience a complex transition from childhood to adulthood, which impacts on behaviour and decision making. It may impact on the way that they respond to abuse as well as the way that they engage with services. Additionally, they may be unequipped to deal with the practical problems such as moving home to escape the abuse or managing their own finances. As a result, young people who experience domestic abuse do so at a particularly vulnerable point in their lives.

Adolescent to Parent Violence and Abuse

Adolescent to Parent Violence and Abuse is increasingly recognised as a form of domestic abuse.

Physical Abuse may include:

- Hitting, slapping, punching, kicking, biting, burning, suffocation
- Strangulation/non-fatal strangulation
- Restraining or locking someone in
- Preventing access to medical care
- Physical intimidation or threats of violence
- Use of weapons or objects to inflict harm

Psychological and Emotional Abuse can include:

- Constant criticism, belittling, or gaslighting (a form of psychological manipulation where one person subtly tries to make another person doubt their own sanity, perception or reality. It is a form of abuse that can leave the victim feeling confused, anxious and isolated)
- Isolation from friends, family, or support networks
- Threats to harm children, loved ones or pets
- Controlling what someone wears, eats, or believes
- Making someone feel they're "walking on eggshells"
- Minimising and denying the abuse
- Humiliation and degradation

Sexual abuse can include:

- Any non-consensual sexual contact or coercion
- Withholding contraception or forcing unsafe sex
- Sexual humiliation or name-calling
- Forcing someone to watch or participate in pornography
- Rape or sexual assault (even within relationships)
- Ignoring religious prohibitions about sex

Economic Abuse

Under the Domestic Abuse Act 2021, economic abuse is formally recognised as a distinct category of DA in UK law**.**
According to Section 1 of the Act economic abuse means any behaviour that has a substantial adverse effect on one's ability to acquire use or maintain money or other property or obtain goods or services.
This definition highlights that economic abuse goes beyond financial control to include interference with access to resources, services, and independence.

Financial abuse is now considered a **subset** of economic abuse.
Economic abuse includes financial abuse (e.g. controlling bank accounts, stealing money, gambling or non-payment of debts) plus broader behaviours like:

- Preventing access to housing, transport, food, or technology
- Sabotaging employment or education
- Coerced debt (forcing someone to take loans or credit)
- Refusing to contribute to household costs

So, while financial abuse focuses on **money**, economic abuse covers **everything money can buy or enable.**

Controlling behaviour

Range of acts designed to make a person subordinate and/or dependent. This is achieved 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 by regulating their everyday behaviour**.** Home Office (2023) Controlling or coercive behaviour: statutory guidance framework.

Coercive behaviour

An act or a pattern of acts that is used to harm, punish or frighten their victim. Can include

- A pattern of behaviour used to dominate and isolate
- Surveillance (e.g. tracking devices, monitoring phones)
- Dictating daily routines, social interactions, or beliefs
- Restricting access to transport, internet, or communication
- Making someone feel constantly fearful or dependent

Non-fatal strangulation

Non-fatal strangulation was made a specific offence as part of the Domestic Abuse Act 2021. The practice typically involves a perpetrator strangling or intentionally affecting their victim's ability to breathe in an attempt to control or intimidate them. Domestic abuse - NHS Safeguarding

"Revenge porn" offence

The Domestic Abuse Act has also extended the offence of disclosing private sexual photographs and films with intent to cause distress (known as the "revenge porn" offence) to cover threats to disclose such material. Domestic abuse - NHS Safeguarding

Online and digital abuse

Perpetrators can use technology and social media as a means of controlling or coercing victims. This happens frequently both during and after relationships end with abusers.

Examples of online abuse include:

- placing false or malicious information about a victim on their or others social media
- being trolled
- image-based abuse – for example the non-consensual distribution of private sexual photographs and films with the intent to cause the person depicted distress
- hacking into, monitoring or controlling email accounts, social media profiles and phone calls
- using personal devices such as smart watches or smart home devices (such as Amazon Alexa, Google Home Hubs, etc) to monitor, control or frighten; and
- use of hidden cameras

Stalking

Stalking is recognised as a pattern of **F**ixated, **O**bsessive, **U**nwanted, and **R**epeated (**FOUR**) behaviour that causes the victim fear, distress, or alarm.

Legal Definition:

According to Section 2A of the Protection from Harassment Act 1997, stalking includes a course of conduct involving **two or more incidents** that may include:

- Following a person
- Contacting or attempting to contact a person by any means
- Publishing statements or materials about or purporting to be from the person
- Monitoring internet, email, or other electronic communications
- Loitering in places frequented by the person
- Interfering with property belonging to the person
- Watching or spying on the person
- Cyberstalking - including mobile devices

This list is not exhaustive—any behaviour that fits the FOUR pattern and causes distress may be considered stalking.

Key information for staff:

Paladin – National Stalking Advocacy Service

Suzy Lamplugh Trust

Forced Marriage

- A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used to force agreement.
- It is recognised as a form of violence against adults and children, domestic/child abuse and a serious abuse of human rights.
- It is illegal in the UK under the Anti-social Behaviour, Crime and Policing Act 2014

Honour Based Violence

- Violence committed to protect family/community "honour"
- Includes threats, physical harm, and even murder
- Often linked to perceived shame brought by the victim
- Can involve multiple perpetrators, including family members

Post Separation Control

In the UK, post-separation control—also referred to as post-separation abuse—is now formally recognised as a form of domestic abuse and can be prosecuted.

Post-separation control refers to coercive or controlling behaviour that continues after a relationship has ended. It is a pattern of abuse where the perpetrator seeks to maintain power over their former partner through manipulation, intimidation, or harassment

As of 5 April 2023, the law was amended to include post-separation abuse under the Serious Crime Act 2015, via the Domestic Abuse Act 2021. This means:
Controlling or coercive behaviour is now a criminal offence even if the victim and perpetrator are no longer in a relationship or living together.

Post-Separation Control includes

- Stalking or harassment (showing up at work, sending unwanted messages)
- Legal abuse (repeated, unnecessary court applications to maintain contact)
- Economic abuse (withholding child maintenance, sabotaging finances)
- Emotional manipulation (threats, guilt-tripping, using children as leverage)

- Monitoring or surveillance (tracking devices, online spying)

Why It Matters

- **Many victims experience escalated abuse after leaving a relationship**
  .
- **The first 6 months post-separation are statistically the most dangerous time for victims.**

- Recognising post-separation control helps ensure legal protection and justice for survivors.

3.3 Domestic Abuse Protection Notices (DAPN) and Domestic Abuse Protection Orders (DAPO)

Domestic Abuse Protection Notices (DAPNs) and Domestic Abuse Protection Orders (DAPOs) were introduced under the Domestic Abuse Act 2021 to provide stronger and more flexible protection for victims of domestic abuse. They are designed to replace the previous Domestic Violence Protection Notices (DVPNs) and Domestic Violence Protection Orders (DVPOs) while offering broader safeguards.

Scope of Protection:
- DAPNs/DAPOs cover all forms of domestic abuse, including coercive control, economic abuse, and psychological abuse.

Application Process:
- DAPNs can be issued immediately by the police without court approval.
- DAPOs can be applied for by victims, police, or third parties in criminal, civil, or family courts.

Enforcement & Consequences:
- Breaching a DAPO is a criminal offence, punishable by up to five years in prison.

Additional Requirements:
- DAPOs can impose positive requirements on perpetrators, such as attending behaviour change programs or undergoing mental health assessments.

These new measures aim to provide stronger enforcement, broader protection, and more flexibility in addressing domestic abuse.

3.4 Domestic Violence Disclosure Scheme (DVDS, Clare's Law)

The Domestic Violence Disclosure Scheme (DVDS) also referred to as Clare's Law after the tragic case of Clare Wood who was murdered by her former partner in Greater Manchester in 2009. It was brought into effect in March 2014. The Domestic Abuse Act 2021 introduced a key change to the DVDS placing it on a statutory footing. This means the Home Secretary is now legally required to issue guidance on how police forces should operate the scheme. Police forces must have regard to this guidance, and any deviation must be justified with strong reasoning.

The scheme allows individuals to:

- **"Right to Ask"**: Request information from police about a partner's history of domestic abuse.
- **"Right to Know"**: Police can proactively disclose information if they believe someone is at risk.
- **Not just the victim/survivor, anyone can apply for the information.**
- Police give the disclosure to the victim/survivor

The updated guidance also:

- Reduces the disclosure timeline from 35 to 28 days
- Encourages use of technology and social media to communicate disclosures
- Clarifies how disclosures can be made to third parties (e.g. social workers, family members) if they are best placed to protect the victim

By making the DVDS statutory:

- It ensures consistency and accountability across all police forces
- Victims and potential victims can access timely, life-saving information
- It strengthens the legal framework for preventing repeat abuse

3.5 Domestic Violence and Abuse remedy Orders

- A **Non-Molestation Order,** which can either prohibit particular behaviour or general molestation by someone who has previously been violent towards the applicant and/or relevant children.
- An **Occupation Order**, which can define or regulate rights of the occupation of the home by the parties involved.

NB: If a partner breaches an order contact the police on 101 or the Integrated Safeguarding Team for advice and support.

3.6 Multi-Agency Public Protection Arrangements (MAPPA)

MAPPA is the name given to arrangements in England and Wales for the "Responsible Authorities" tasked with the management of registered sex offenders, violent and other types of offenders who pose a risk of harm to the public. This is managed by Public Protection and the Police.

Management of Sexual Offenders and Violent Offenders (MOSOVO)

Refers to the multi-agency arrangements used in the UK to identify, monitor, and manage individuals convicted of sexual or violent offences. These offenders are assessed based on the risk they pose to the public, and MOSOVO teams—typically made up of police officers, probation staff, and other professionals—work together to ensure public safety through supervision, intervention, and enforcement (www.college.police.uk)

Sarah's Law

Sarah's Law, officially known as the **Child Sex Offender Disclosure Scheme (CSODS),** is a UK initiative that allows individuals to formally request information from the police about

whether someone who has contact with a child has a record of child sexual offences or poses a risk to children.

The scheme was developed following the tragic murder of 8-year-old Sarah Payne in 2000 by a convicted sex offender. It was introduced to help protect children by enabling parents, carers, and guardians to make informed decisions about who interacts with their children.

Key Features

- **Who can apply**: Anyone concerned about a child's safety—not just parents. This includes grandparents, neighbours, or friends.
- **What you can ask**: Whether a specific individual who spends time with a child has a history of child sexual offences or poses a risk.
- **Disclosure**: If the police determine there is a risk, they may share relevant information with the person best placed to protect the child (not necessarily the applicant).
- **Confidentiality**: Any information disclosed must be kept confidential and used only to safeguard the child.

NB:

- It's not a law in the legislative sense, but a police-led disclosure scheme.
- It operates in England and Wales, with similar schemes in Scotland and Northern Ireland.
- Disclosure is not automatic—each request is assessed individually. (www.police.uk)

Key Information for staff:

For advice and support on the above please contact the Integrated Safeguarding Team on Exn 33735

Safety Planning

Safety Planning is a practical process that practitioners can use with anyone affected by DA. **Safety Planning should commence at the point of a DA disclosure.**

Think about:

- Professional curiosity and Think Family Approach
- Onward referral to HIDVA and/or WMWA
- Completion of DASH Risk Assessment
- Referral to MARAC

3.7 Domestic Homicide Review (DHR)

Two women a week die because of DA. In cases where DA is thought to have contributed to the death of a person a DHR is commenced.

DHR's are managed by the Home Office and are meant to identify learning to prevent future harm.

3.8 Police Logs

- Incidents of DA are initially reviewed by the police Vulnerability Hub and are then sent to other agencies according to the agreed criteria.
- WAHT receive all Police Logs relating to DA and concerns around DA.

- The notification identifies victim, perpetrator and any children aged 0-18 who are witnesses or are residents at the property.
- At the time of the incident the victim will be informed that the information will be shared with Worcester Children's and Health services.
- The Police Log notification is sent via secure email to Integrated Safeguarding Team.
- Integrated Safeguarding Team will research hospital case notes and add a DA "Alert" onto Trust electronic systems.
- Integrated Safeguarding Team will upload a copy of the Police Log onto CLIP under the Safeguarding header.
- If victim is pregnant a copy of the Police Log will be sent via email to the Named Midwife Safeguarding and uploaded to BadgerNet

3.9 Suicide and Domestic Abuse

The number of suspected victim suicides following domestic abuse has overtaken intimate partner homicides for the first time, which is likely due to increased awareness and improvements in recording information by Police officers Scale of homicide and suicides by domestic abuse victims revealed

Real Time Suicide Surveillance (RTSS) systems are being established by forces to work with partners on suicide prevention.

Key information for staff:

Suicide prevention and support | Worcestershire County Council

4. RESPONSIBILITIES

4.1 Individual responsibility:

All staff within the Trust have a duty to recognise signs of actual or potential abuse or neglect and take appropriate action. This means that everyone working within the Trust must recognise their *own role* in identifying safeguarding concerns including domestic abuse. This includes effectively sharing information and taking timely action. Where a concern is identified, the staff member should take appropriate and timely action in accordance with this policy.

Practitioners can make a difference by undertaking their professional role with the same level of curiosity that they would for any other area of their work to enable them to assess the level of risk. They must acknowledge that no single practitioner can have a full picture of a person's needs and circumstances and the aim is for victims of domestic abuse /violence to receive the right help, at the right time, through individual practitioners helping to input their information to complete the family picture.

Some allegations and incidents of abuse will constitute a crime. In these situations, the incident should be reported to the local police if the victim agrees. You may share information without consent if it is in the public interest in order to prevent a crime or protect others from harm.

All staff must ensure that all cases of domestic violence and abuse are treated sensitively and in confidence (as far as practicable).

Mandatory Safeguarding Training

Trust staff at all levels, from strategic to operational, have a part to play in the safeguarding of adults and children (including unborns) who come into contact either directly or indirectly with our services. Staff should ensure that they complete the appropriate level of mandatory training appropriate to their job role (this is assigned to the staff member's Electronic Staff Record ESR). Individual staff should remain alert to the possibilities of domestic abuse and report any concerns immediately in line with this policy.

Professional Curiosity
Professional curiosity should be exercised at all times (if it is safe to do so).

Supplementary information for staff:

Professional Curiosity - Worcestershire Safeguarding Boards

Safeguarding Referrals
Trust staff must ensure timely referrals are completed in order to protect those at risk of domestic abuse /violence.

Escalation Process – Professional Disagreement
When professionals are working together in the complex business of safeguarding children and adults with care and support needs there may be occasions when there are professional differences of opinion. Constructive challenge is an important component in positive partnership working, but where differences of opinion cannot be resolved quickly and easily, practitioners have a duty to take action to address professional disagreements in a way that is appropriate, timely and proportionate. In any such event, staff should follow:
Escalation-Policy-Resolution-of-Professional-Concerns-V4-Final-Feb-2024.pdf

4.2 Leadership and Governance Roles

Executive Director Safeguarding / Domestic Abuse

Within WAHT the Chief Nursing Officer is the Executive Director with responsibility for Safeguarding Adult's. The Chief Nursing Officer is the Named Executive Lead for Domestic Abuse.

The Deputy Chief Nursing Officer takes responsibility for coordinating risk management and investigation where the person alleged to be causing harm is employed (paid or unpaid) and is working in a Position of Trust.

4.3 Head of Safeguarding

The Trust Head of Safeguarding provides advice and support and a strategic direction on safeguarding. This role involves championing the importance of safeguarding, promoting the welfare of adults and children throughout the organisation and providing assurance along with the Chief Nursing Officer and Deputy Chief Nursing Officer to the Trust Board, that systems and processes are

in place and that any concerns about the welfare of adults and /or children are taken seriously and acted upon appropriately.

The Trust will receive a quarterly and annual report detailing Domestic Abuse activity.

4.4 Named Operational Lead – Domestic Abuse

The Named Midwife acts as the Named Operational Lead providing advice, support and signposting in relation to Domestic Abuse.

The Named Operational Lead will offer advice and support to HR on domestic abuse issues.

4.5 Multi-agency responsibility

Safeguarding is a shared responsibility between all agencies and professionals.

4.6 Managers' Roles and Responsibilities

Managers have a responsibility to ensure their staff are aware of, and comply with this policy and the West Midlands Regional Policy and Procedures.

Managers have a responsibility to ensure that their respective staff groups have attended mandatory safeguarding training at the level applicable to their job role.

Facilitating access to the relevant support systems available e.g. Occupational Health, Specialist Support Services e.g. HIDVA. . The role of the manager is not to deal with the abuse itself but to make it clear that employees will be supported and to outline what help is available, from where and to escalate as appropriate.

4.7 Recruitment Team / Recruiting Managers – Safer Recruitment

Recruiting Teams / Managers must follow the Trust Recruitment and Selection Guidelines to ensure safer recruitment checks are undertaken:

- Identity Check
- Criminal Record Bureau check at the required level for job role
- Work Health Assessment
- Professional registration /qualifications
- Right to work
- Employment history /reference checks

4.8 Human Resources / Chief People Officer

The Chief People Officer is responsible for ensuring HR Policy and Procedures are in place to support Line Managers and staff in regards to concerns involving domestic abuse (victim or perpetrator).

4.9 Integrated Safeguarding Committee Representatives

The Trust has an Integrated Safeguarding Committee, chaired by the Chief Nursing Officer which has representation from all Divisions. This committee reports into the Quality Governance Committee. Committee representatives are responsible for disseminating information pertaining to safeguarding to staff within the Trust and for bringing issues from services to the Committee for discussion/escalation.

A Non-Executive Director is a standing attendee of the Integrated Safeguarding Committee providing a level of Board oversight in respect of the work and assurance of the Integrated Safeguarding Committee and associated workstreams.

5. POLICY DETAIL

5.1 Signs of Domestic Abuse

Can often go unnoticed, listed below are signs that may indicate an adult is affected by domestic abuse.

- **Injuries,** bruising, cuts or injuries occurring frequently, or in areas that can be hidden by clothing, or perhaps walking stiffly or appearing sore. Sometimes victims give explanations for injuries that just don't fit.
- **Excuses,** victims often minimise or excuse injuries, perhaps blaming a 'clumsy' nature or giving the same explanation each time
- **Stress** victims often display physical symptoms related to stress, other anxiety disorders or depression such as panic attacks, feelings of isolation and an inability to cope. Victims may even talk about suicide attempts or self-harming.
- **Absent from work** victim may often be off work, taking time off without notice or frequently late.
- **Personality changes,** you may notice personality changes when around the partner or the appearance of "walking on eggshells" when in his or her company. A victim may be jumpy or show nervous mannerisms.
- **Personality changes** may become evident over time, even when the partner is not around
- **Low self-esteem,** a victim of domestic abuse often has low self-esteem when talking about the relationship or life in general. They may seem sad, cry or depressed that a relative has shamed the family and/or community by breaking their honour code.
- **Lack of opportunity to communicate independently,** perhaps the partner talks over the victim, or for him or her, and he or she may be reluctant to speak. The partner can often appear controlling or make disparaging remarks.
- **Self-blame,** you may notice that he or she may take the blame for anything that happens, whether it's at work, with the children or with friends. A victim of domestic abuse often blames him or herself for the abuse.
- **Lack of money**, perhaps he or she never seems to have any money because her partner is withholding money as a form of control.
- **Stopping socialising,** he or she may make excuses for not going out with friends or suddenly pull out of social get together at the last minute.
- **The abuser displaying irrational behaviour,** a victim may say that his or her partner is jealous, irrational or possessive, accusing him or her of having affairs or flirting.
- **Unwanted pregnancy/termination,** pregnancy often triggers the start of domestic abuse. A woman may be unhappy at being pregnant, not wish to continue with the pregnancy, or be forced into having a termination.
- **Substance abuse,** victims may use alcohol or drugs to cope or even prescribed drugs such as tranquillisers or anti- depressants.
- **Lack of assertiveness,** perhaps he or she can't make decisions, stick up for him or herself, give an opinion or displays a lack of interest.
- **Damage to property,** damage in the home, or even harm to pets.
- **Unwillingness to give out personal details,** he or she may not give friends and colleagues an address or telephone number and may insist that he or she contacts you, so that you don't turn up on their doorstep.

- **Frequent Attender** for example repeat urinary tract infections.

5.2 Routine Enquiry – asking the question.

When conducting a routine enquiry about domestic abuse, especially in a healthcare, social work, or support setting, it's crucial to ask questions that are **sensitive, non-judgmental, and open-ended**. The goal is to create a safe space where the individual feels comfortable disclosing abuse if it's occurring.

Routine Domestic Abuse Enquiry Script
Before You Begin
Ensure:
- You are speaking in private (no partner, family, or children present).
- You have a calm, non-judgmental tone.
- You're prepared with referral information if needed.

Opening Statement (Normalise the Enquiry)
We ask all our clients/patients about their relationships and home life because safety and wellbeing are important. Some people experience abuse and don't always feel safe at home, so we ask these questions routinely.

Core Questions
General Relationship Dynamics
- How are things at home?
- Do you feel safe in your relationship?
- How does your partner treat you?

Physical & Sexual Abuse
- Has anyone at home ever hurt you physically?
- Are you ever afraid of your partner?
- Has your partner ever forced you into sexual activity you didn't want?

Emotional & Psychological Abuse
- Does your partner ever insult, belittle, or threaten you?
- Do you feel like you're being controlled or manipulated?

Coercive Control & Financial Abuse
- Are you able to make decisions about your own life freely?
- Do you have access to money when you need it?
- Does your partner monitor your phone, social media, or whereabouts?

Children & Family
- Are your children ever present during arguments or violence?
- Do you worry about your children's safety at home?

If Abuse Is Disclosed
Respond with empathy and support:
Then ask:
- Would you like help or support with this?
- Would you like me to connect you with a domestic abuse support service?
- Do you feel safe going home today?

Resources to Have Ready

- Local domestic abuse helplines – HIDVA/WMWA
- Emergency housing contacts
- Mental health support
- Police or safeguarding contacts (if necessary)

Key Information for Staff:

If you believe there is an immediate risk of harm to someone, or it is an emergency, always call 999.

You should never assume that someone else will take care of domestic abuse issues – you may be the victim's first and only contact.

It is **not** your role to encourage the victim to leave their partner, or to take any course of action. This could lead to problems, including increased danger for the victim and the children**.**

Your role in responding to domestic abuse should be limited to:

- Focusing on the victim's safety and that of any children in the household.
- Giving the victim information and referring them to relevant agencies.
- Making it easy for the person to talk about their experiences.
- Supporting and reassuring the person; and
- Being non-judgemental
- Making opportunities to do Routine Enquiry

Think Family

- Practitioners must consider the **entire household**, not just the individual victim.
- The need to explore history of abuse, child safeguarding issues, previous relationships (is the risk not with the current partner) and adult support needs.
- Every case involving domestic abuse must include a family risk review

5.3 Aiding disclosure

- Any interview should be undertaken in a suitable environment which does not include the perpetrator or any inappropriate person and respects the person's entitlement to privacy and dignity.
- **Never ask** about possible abuse **in the presence of the partner**, the children or other family members.
- Where the victim does not speak English, it is essential that an interpreter is used to obtain a direct history from the victim. **In no circumstances should a family member be asked to interpret.**
- It is important when asking the victim direct questions about their experience to do this sensitively and in a manner that is empathetic and supportive.
- It is vital to ask direct questions rather than let an improbable explanation pass without saying anything or to hedge around the issue.

- Listen carefully. The victim may talk around the subject before disclosing to you. Requests for help are often veiled and may 'hide' behind other things. Staff need to think about ways in which they could draw out further information (Professional Curiosity).
- Remind the victim of your position in terms of confidentiality; make your position with regards to child protection clear to the victim
- Respect and validate what the victim tells you and remember that you may be the first person who has listened to them and taken them seriously.

5.4 Response and Risk Assessment

Once any immediate needs of the person have been met, e.g. treatment of physical injuries, referral for further treatment or specialist, an 'assessment of safety' should be undertaken, such as:

- The victim's assessment of the danger they may be in
- The risk of self-harm or suicide threat by the abused victim.
- The availability of emotional and practical support.
- The increase of the violence in relation to the intensity, frequency and severity?
- Identification of children in the household. If this is the case, then a referral to Worcestershire Children's Services must be made.
- Is the victim an at "risk adult with care and support needs?" then a referral to the Local Authority Adult Safeguarding Team must be made.
- Is the victim subject to a forced marriage?

In considering the likely risks, the principal responsibility of the health professional is to support the victim in the decisions and choices they wish to make.

Health care professionals need also to take account of their own safety and that of their colleagues and must minimise the risks that they may face from the perpetrator of domestic abuse.

5.5 Providing Information and Signposting

As health professionals supporting those who are experiencing domestic abuse, we must be able to accept that sometimes patients will make decisions that we might find hard to understand. Overcoming our own frustrations and misperceptions forms an important part of providing support. Domestic abuse is always the responsibility of the perpetrator. Never blame the abused person – it's not their fault.

It is not the responsibility of the health care professional to instruct someone experiencing domestic abuse on what action they should take. The person should be provided with information about where they can go for help.

WAHT has **H**ospital **I**ndependent **D**omestic **V**iolence **A**dvisors (HIDVA) who are available to support staff and patients who may be at risk of, or experiencing, domestic abuse. See contact details below.

Key information for staff:

How to Refer to HIDVA (Domestic Abuse Support for patients and staff)

The HIDVA at Worcester Royal Hospital - Worcester is available:

Monday - Friday 09:00 – 17:00

Phone: 07852130516

The HIDVA at The Alexandra Hospital – Redditch is available

Monday – Friday 09.00- 17.00

07852130418

If the IDVA is unavailable, please use a secure NHS email account and send the referral to Hospital.IDVA@axis.cjsm.net

Any staff member making a referral needs to ensure that a ***safe* contact number** is included as part of the referral. This is to ensure the safety of a potential victim.

Further advice and support are available via West Mercia Women's Aid - 0800 980 3331 Helpline opening hours are 7am-10pm weekdays and 9am-5pm on weekends and bank holidays.
If you need Domestic Abuse support when the helpline is closed, please contact the 24hr National Domestic Abuse Helpline on 0808 2000 247 (chat line 10am – 10pm)

Forms: Referral Form | West Mercia Women's Aid

5.6 DASH Risk Assessment:

The aim of the Dash Risk Assessment is:

- To help front line practitioners identify high risk cases of domestic abuse, stalking and 'honour' - based violence.
- To decide which cases should be referred to Multi Agency Risk Assessment Conference (MARAC) and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the MARAC process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

Key information for staff:

The below link opens to the Safelives website where you can access the DASH Risk Assessment and other resources.

Please ensure a copy of assessment is placed in patients' hospital notes

5.7 Multi-Agency Risk Assessment Conference (MARAC)

- Multi-Agency Risk Assessment Conference (MARAC) is a victim focused information sharing and risk management meeting attended by all key agencies, where high risk 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.

5.7.1 Aims of MARAC

- Share information to increase the safety, health and wellbeing of victims, adults and their children
- Determine whether the perpetrator poses a significant risk to any individual or to the general community
- Identify outstanding aspects of risk assessment regarding the victim, children or perpetrator that needs referral or progress
- Pull together a risk management plan that provides professional support to all those at risk and that reduces the risk of harm
- Reduce repeat victimisation
- Improve agency accountability, and
- Improve support for staff involved in high-risk domestic abuse cases.

MARAC conferences are held in Worcestershire 3 – 4 times per month. Health is represented at MARAC by Named Nurse from the Health and Care Trust (WHACT). WAHT Integrated Safeguarding Team (IGST) provide health reports on all victims, perpetrators and children for all cases discussed.

MARAC referrals can be made *with* or *without* consent.

Key Information for staff:

MARAC referral form and Information sharing without consent:

MARAC Referral Form - Multi Agency 2

Send completed MARAC referral to: worcestershiremarac@westmercia.police.uk

Following MARAC, reports are received by the IGST from WHACT and from the MARAC coordinator. These reports are saved electronically into the Victims hospital records. To ensure WAHT staff are aware of the DA an “Alert” is added to the victim, any children and alleged

perpetrator. These Alerts can be viewed via Sunrise CLIP and PAS **(alert can be seen on Sunrise/CLIP but full alert is on PAS)**.

5.8 Adult Victims 60years+

It is important to consider the additional risks of DA for those over sixty years of age.

- Those over the age of sixty are more likely to experience abuse from an adult family member than those under the age of sixty.
- Older people are less likely to leave their abuser in year before asking for help
- Older survivors are more likely to be living with the perpetrator in the year after seeking help.
- Older survivors are significantly more likely to have a disability, with 34% having a physical disability.
- Older survivors are more likely to experience abuse from a current intimate partner than those under sixty years.

In 2007 “National Action on Elderly Abuse” studied Abuse and neglect of Older people, results from this survey found the following:

Factors that may lead to elder abuse:

- Social Isolation
- Poor-quality long-term relationships
- Patterns of family violence
- Alcohol, drug misuse
- Mental Health problems

Factors that may lead to elder abuse in institutional settings:

- Poor staffing levels and working conditions
- Lack of training, supervision and support for staff
- No procedures or policies in place relating to abuse
- Poor communication

Reasons Victims hide the nature of abuse:

- Be in denial.
- May feel ashamed.
- The victim may have hope that the abuse will stop.
- Victim may be dependent financially on the perpetrator.
- Feel guilty or blame them selves
- The practicalities of leaving the abuser
- Worry about dependent children, pets, others
- Limited or lack of Mental Capacity
- Fear for the future
- Religious beliefs and culture may prevent them from disclosure.

Perpetrators of elderly abuse:

Perpetrator	Percentage of the survey
Adult family members	44%
Current intimate partners	24%
Ex-intimate partners	10%
Other family members	9%
Other (carer,friends,etc)	13%

This table highlights the shift in perpetrator dynamics for older victims, with family members—especially adult children—playing a much larger role than in younger age groups. (SafeLives 2020)

5.9 Adults with care and support needs

The Care Act 2014 identified DA as a category of abuse in adult safeguarding. Evidence indicates that those experiencing physical or mental health problems maybe more vulnerable to DA. Their health problems may also make it harder for them to access support.

The Care Act, 2014, defines an adult at risk as:

- Has needs for care and support (whether or not the authority is meeting any of those needs)
- Is experiencing, or is at risk of, abuse or neglect, and
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Therefore, if an adult discloses DA and has care and support needs consider a Safeguarding Adult referral.

Key Information for Staff:

To make a Safeguarding Adult referral:
Go to the online form at Worcestershire County Council. Follow the link: Safeguarding and concerns about an adult | Worcestershire County Council

If at any time the online form is not available, please call 01905 768053 to report your safeguarding concerns.

6.0 Male Victims of DA

Key Facts about Male Victims of Domestic Abuse and Partner Abuse (Mankind Initiative 2023/24)

Prevalence and Victim Numbers

- 21.7% of men (5.1 million) have experienced domestic abuse in their lifetime.
- 6.5% of men (1.5 million) were victims in 2023/24 alone.
- 18.3% of men (4.3 million) have experienced partner abuse in their lifetime.
- 4.7% of men (1.1 million) were victims of partner/ex-partner abuse in 2023/24.
- 2.6% of men (608,000) experienced family abuse in 2023/24.

Police and Legal System

- 27% of domestic abuse crimes recorded by police were committed against men.
- Only 6.97% of cases involving male victims resulted in the perpetrator being charged.
- Staffordshire, Cleveland, and Durham had the highest per capita rates of male victim cases.

Mental Health and Suicide

- 6.5% of male victims considered suicide due to partner abuse in 2022/23.
- ManKind estimates 3–5 men die by suicide each week due to domestic abuse.
- In 2023/24, 8 men were killed by a partner or ex-partner (compared to 58 women).

Support and Services

- Only 4.8% of domestic abuse victims supported by local services are men.
- 436 refuge spaces exist for male victims across 60 UK organisations, but only 128 are male-only.
- 58.9% of men calling the ManKind helpline had never spoken to anyone before.
- 64% would not have called if the helpline wasn't anonymous.

Types of Abuse Reported to ManKind Intiative

- 98% psychological abuse
- 82% coercive controlling behaviour
- 69% physical abuse
- 29% economic abuse

Key Information for Staff:

Referral Pathway for Male victims of DA :

WMWA helpline on 0800 980 3331 Helpline opening hours are 7am-10pm weekdays and 9am-5pm on weekends and bank holidays.

If you need Domestic Abuse support when the helpline is closed, please contact the 24hr National Domestic Abuse Helpline on 0808 2000 247 (chat line 10am – 10pm)

Other helpline resources

- Get In Contact With Us | Men's Advice Line UK
- https://www.galop.org.uk
- ManKind Initiative - Supporting Male Victims of Domestic Abuse

7.0 Children and Young People who witness or are victims of Domestic Violence and Abuse

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. The Domestic Abuse Act (2021) goes further in recognising children as victims in their own right if they see, hear, or experience the effects of domestic abuse.

Every Child Matters (2004), states that:

- Every child shall be **S**afe
- **H**ealthy
- **E**njoy/achieve
- **E**conomic
- **P**ositive contributions

It is known that adverse experiences in childhood can detrimentally affect:

- cognitive,
- psychological
- physical,
- social and educational development.

There is growing evidence that children who live in families where there is domestic abuse can suffer **serious long term emotional effects.** Even if they are not physically harmed, children may experience:

- Emotional abuse
- Psychological damage because of witnessing violence,
- Becoming frightened and distressed when they see a parent, brother or sister, beaten or abused.
- The effect of this can be fear and anxiety, leading to a loss of self-confidence, depression and self-harm

827,000 children in England and Wales were estimated to have experienced domestic abuse in 2023 (Foundations 2023). Over 105,000 children live in homes with high-risk domestic abuse and 78% of children living with domestic abuse are directly harmed by the perpetrator, not just by witnessing it (Safelives May 2025)

Domestic abuse is also associated with an increased risk of:

- Abuse,
- Deaths
- Serious injury for children and young people (Domestic Abuse Commissioner Report, April 2025).

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.

Recent studies suggest violence within adolescent relationships is increasing and there is increasing normalisation of violence within peer groups. (NSPCC, 2011)

Parents can also be the victims of abuse perpetrated by a child or adolescent, although the proportion affected in England is unknown (Kennair and Mellor 2007).

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. It should be responded to by professionals by mandatory referral to Worcestershire Children's Services following the Trust Child Protection Guidance within the Safeguarding Children policy.

7.1 If a child discloses Domestic Abuse (DA)

If a child talks to you about domestic abuse, it's important to:

- Listen carefully to what the child is saying
- Let the child know they've done the right thing by telling you
- Telling the child it's not their fault
- Tell the child you'll take them seriously
- Don't confront the alleged abuser
- Explain to the child what you'll do next

Document on child's hospital notes

Key Information for Staff:

Child Domestic Abuse Service for Victims:

CDAS - leaflet for parents and YP V2.pd

Request for CDAS service 2020.docx

The HIDVAs support children via 1-2-1and group support

8.0 Employees and DA

8.1 Statement of Intent

Worcestershire Acute Hospitals NHS Trust is committed to supporting staff who may be experiencing domestic violence or abuse. The Trust will commit to working with the individual and partner agencies in order to reduce the risk of harm to either the individual or others.

This Policy should be used in conjunction with other Policies and procedures in order to support the employee e.g. flexible working, Equality & Diversity, HR Policy & Procedures.

Wherever possible, the employee's right to confidentiality and discretion will be upheld, however in accordance with recognised statutory safeguarding responsibilities information may need to be shared on a need to know basis in order to protect either the employee or the wider public interest.

8.2 Perpetrators who are employees

Worcestershire Acute Hospitals NHS Trust will manage any such employees in accordance with HR Policy and procedures. It is a condition of employment that all employees observe a high standard of personal and professional conduct. Domestic violence and abuse is a serious matter that may lead to criminal convictions.

The Trust may take formal action against any employee who incurs, during their period of employment, a criminal conviction relating to domestic violence and abuse. Any staff member who has a Non Molestation Order or Occupation Order in place against them must declare this to the organisation. If their job involves working with, or coming into contact with, children or vulnerable adults, a change in role may need to be considered.

8.3 Perpetrators - support for staff who are the perpetrators of domestic violence and abuse who may wish to seek help and support to change

Advice in respect of perpetrator re-education programmes is available from: The Drive Project - The Drive Partnership

8.4 Responding to an Employee who is experiencing Domestic Abuse and Violence

- If a member of staff discloses that they are victim of domestic abuse, the emphasis should be on supporting them in a calm and non-judgemental manner. This may include offering a referral to The Trust's Wellbeing Services, WAHTs DA Lead, HIDVA.
- Signposting them to a specialist domestic abuse organisation.
- It may be necessary to prevent or manage the access that the perpetrator has to Trust properties.
- It may be necessary to offer the victim a temporary change in role whilst their situation and any associated risk is managed.
- It is important to acknowledge that whilst the risk of staying in an abusive relationship may be very high, simply leaving the relationship does not guarantee that the abuse will stop. In fact, when the victim is a woman the period during which she is planning or making her exit, is often the most dangerous time for her and her children.
- Once an employee has disclosed to their manager that they are experiencing domestic abuse, the manager should reassure them that they will keep this information confidential as far as possible.

However, confidentiality cannot be guaranteed where there are concerns that the impact of the domestic abuse is affecting the victim's ability to discharge their duties or where there are children in the household.

In these instances, the manager should seek further advice from the safeguarding team who will work in partnership with the line manager, Human Resources and the staff member /victim to assess the risk and to plan on an individual basis the support required for the victim.
Line managers must consider family risk and children's welfare in cases where staff disclose domestic abuse.

The aim is to:

- Reduce the risk to the victim while in work
- Identify any workplace risks to the victim or colleagues and support action to reduce the risk
- Identify and risk assess any impact on victim's ability to meet their role and responsibility as detailed in their job description
- Support the victim to practice safely or to return to practice through the development of an individualised programme which may include a competency-based programme and assessment
- If a member of staff is identified as a perpetrator of domestic abuse this will be dealt with by the Trust Human Resource and Safeguarding processes, with due regard of transferable risks to the job role.

8.5 Where both the perpetrator and the survivor are employees of the organisation.

In such cases the safeguarding team will work with the individuals and human resources team.
Things that may need to be considered:

- Security measures - for example ensuring access to some buildings is only for staff and authorised visitors.
- If the staff member is a lone worker
- 'Safety at work plan' with information about what to do if the abuser calls or comes to the workplace and how to record the employee's whereabouts during the day.
- Workplace changes - if practical, consideration of a permanent or temporary change of workplace.
- Shift changes - if practical, a consideration of changes to shift patterns and times.
- Transport - consideration of support with transport arrangements to and from work, including parking.
- Changes to payment arrangements for salary made as a priority in extreme situations where it is identified that this may help an employee flee a violent situation.
- Special leave - some workplaces may need to allow for special paid leave, including extended leave if the employee needs to go to a refuge or move away, to enable employees' time to visit their solicitor, the police, their GP and/or others.

9.0 Maternity

DA in pregnancy is a major public health issue that has been shown to have profound consequences for the mother's and infant's life.
Pregnant people in abusive relationships are at an increased risk of:

- Drug and alcohol abuse
- Smoking
- Self-harm and depression.
- There are documented cases of foetal injury and death in-utero

Therefore, during pregnancy, DA may be seen as a contributory factor to maternal and foetal morbidity and mortality.

It is suggested that DA in pregnancy may be more common than:

- Placenta praevia
- Pregnancy induced hypertension
- Gestational diabetes

Nearly one in three women who suffer from domestic abuse during their lifetime report that the first incidence of violence happened while they were pregnant. Abuse often escalates in severity during pregnancy and the postnatal period (Safelives).

9.1 Routine Enquiry – Asking the question

Maternity based routine enquiry for DA is an excellent opportunity for proactive early intervention. It creates a culture where DA is named and discussed and therefore helps generate disclosure. Routine Enquiry must flag potential risk to the unborn child as a safeguarding matter. Include exploration of previous relationships.

9.2 Strategies for a seeing a birthing parent alone

- Use your activity to request seeing the birthing parent alone as a routine procedure.
- Ask partner to help fill in documentation while you speak to the birthing parent
- Ask for a urine sample and accompany her.
- At the dating scan appointment, accompany birthing parent to the scales for their weight, tell the partner what you are doing, their weight is confidential. Ask birthing parent to read information relating to DA, document response in birthing parent's hospital notes.
- Be creative
- If no strategy works, document, keep trying to ask when the opportunity arises
- May be a trigger for concern if birthing parent is never alone.
- Work with other professionals to create solo spaces

Key Information for Staff:

It is the responsibility of all **Midwives** and **medica**l staff to ensure the Routine Enquiry question is asked at every opportunity but a minimum of **twice** during pregnancy and clearly documented in the birthing parent's BadgerNet record (for abbreviations to be used in records – see section 9.3).

9.3 Information to be recorded:

- Include partner's details

- Booking history should include Routine Enquiry in relation to **past and current** partners.

- The birthing parent may not make a disclosure and for this reason all Midwives are encouraged to view trust Information Systems. Alerts are placed on victims and their children following receipts of Police Logs and discussion at MARAC.

- Remember to document at every antenatal appointment whether birthing parent was seen alone. If birthing parent is accompanied, it is imperative to document the name of the person in attendance. This information may be crucial in any court hearings.

- The risk of DA is known to increase in pregnancy. Always consider and ask the Routine Enquiry question in relation to previous partners and potential risk posed or anyone else known to the individual. The professional's focus when asking the question should not solely be based upon the current partner, domestic homicide research demonstrates that it could also be ex-partners who are the perpetrator.

- When asking the "Routine Enquiry" question it is important to consider not only the birthing parent's safety but also your own safety.

- Ensure the birthing parent is on their own, never ask if the birthing parent is accompanied. Any intervention should be considered as to whether it will increase safety for the client or place them in more danger
    - **Re -/neg** = nothing disclosed
    - **Re +/pos** = Disclosure made

  These abbreviations are to be used in the birthing parent's BadgerNet record

- Information about the abuse must be recorded in the birthing parent's medical records, staff must document the information accurately and clearly. The birthing parent's history should be documented including physical or psychological symptoms. A body map may be used to indicate physical injuries e.g. bite/ scratch marks and bruising. These records must be maintained in strict confidence.

- HIDVA referrals to be made via BadgerNet

Postnatal:

- **Routine Enquiry** question should be asked a minimum of **ONCE** in the postnatal period

- The response should be documented on BadgerNet

- When asking the "Routine Enquiry" question it is important to consider not only the woman's safety but also your own safety.

- Ensure birthing parent is on their own, never ask if the birthing parent is accompanied. Any intervention should be considered as to whether it will increase safety for the client or place them in more danger.

9.4 Safety Assessment and Responses

- It is vital to let the birthing parent know that they are believed and for them to be reassured that what they have experienced is not their fault.

- Safety options should be discussed. Work with the birthing parent to consider any immediate risks to them or their children. Going through a safety plan with the birthing parent may help them to reflect about their situation and may have an impact on future decision making. **It is important to be empowering rather than be prescriptive.**

- If the birthing parent wants immediate access to safe accommodation facilitate this wherever possible by contacting the Hospital Independent Domestic Violence Advisor (HIDVA) via switchboard. **Out of hours contact West Mercia Women's Aid**. They may want to talk to the birthing parent. Staff must respect and accept the birthing parent's decision, whatever that may be.

- If they are in immediate danger, offer to contact the police.

- Complete Dash Risk Assessment Tool, see link below. Remember to save a copy in the birthing parent's BadgerNet record.

- Remember to Think Family in your assessment and evaluation of risk

Key Information for staff:

Safelives DASH risk checklist

Please note this opens as a PDF file, ensure a copy of assessment is placed in patients hospital record

If a score of 14 on the Dash Risk Assessment or in your professional judgement there is high risk refer to MARAC, see link below.

Key information for staff:

MARAC referral form and Information sharing without consent

MARAC Referral Form - Multi Agency 2

Send completed MARAC referral to: worcestershiremarac@westmercia.police.uk

- If any children are in immediate danger, follow child protection procedures as a matter of urgency. See flow chart for referral details page 24.

- If the birthing parent does not need immediate access to a refuge, discuss other safety options with them. The birthing parent should be informed of the options and of the specialist services available to them i.e. HIDVA service. Information and leaflets should be given which will provide immediate help and long-term support. Also consider covert items i.e. Lip Balm, tissues and key rings. Birthing parent should be advised to prepare a bag of clothes, money, personal papers etc., in case they need to leave home at short notice. These

belongings may be stored with a neighbour or friend, along with any information leaflets and relevant telephone numbers.

- Following a disclosure a referral should be made to the Locality Specialist Midwife for the area the birthing parent lives in.

9.5 Role of the Specialist Midwife in relation to DA:

- Will discuss with the referrer
- Will contact birthing parent and offer additional support and guidance.
- Will liaise with Worcestershire Children's Services regarding Safeguarding concerns for unborn and any other children.
- Will share information appropriately with other agencies.
- Specialist Midwife or a deputy will attend Safeguarding meetings.
- Will ensure all relevant documentation is kept up to date, that copies are placed the birthing parent's BadgerNet record and a copy is saved onto the Trust Shared Drive. This should include all "Alerts", referrals and "Hospital Birth Plans".
- Following MARAC, Integrated Safeguarding Team will forward to Specialist Midwife MARAC report. A copy will be placed in the birthing parent's BadgerNet record.

10.0 Additional Information

10.1 Gaslighting

Is a term that refers to trying to convince someone they're wrong about something even when they aren't?

Most commonly, it takes the form of frequently disagreeing with someone or refusing to listen to their point of view. Many of us might be guilty of gaslighting from time to time – refusing to hear what our partner has to say even if they're in the right or persistently disagreeing over some minor quibble, even when you aren't sure of your position. It's mostly harmless, a form of pettiness – an unwillingness to be proven wrong.

But, in more extreme cases it can be a real form of abuse. When it's done repeatedly, over a long period of time, it can have the effect of making someone doubt their own ideas about things – or even question their sanity. It can have a highly negative effect on a person's self-esteem and confidence. In certain situations, someone might deliberately gaslight their partner as a way of controlling them – a serious form of emotional abuse that is never acceptable.

Why is Gaslighting dangerous?

Gaslighting is dangerous because it undermines a person's sense of self-belief. If you tell someone they're wrong about things repeatedly, it can make them feel insecure or less confident in their point of view. Eventually, they may come to agree with the person who is attacking them – believing that they must be right.

This can be true of small annoyances (I always do the washing up. Why don't you do it?' 'You never do the laundry') but it can be even more damaging when it's related to things with an emotional context. This might include questioning your memory of events (Are you sure it was like that? I don't think it was') or trying to convince you that your emotional reaction to something is inappropriate or disproportionate ('you're acting crazy').

10.2 Hollie Guard App

Hollie Gazzard was murdered in 2014 by her ex-partner. The Hollie Guard App allows you to nominate contacts who will be contacted when you feel threatened by the "shake" of your phone. To download the App Go to your App store and download the **Hollie Guard app**.

10.3 Think Family

The "Think Family" approach emphasizes a coordinated, whole-family perspective when providing support and services, particularly in safeguarding and child protection. It recognizes that families are complex systems, and the needs of each individual member can significantly impact others. By considering the wider family context, practitioners can identify potential risks and needs early on and offer tailored support to improve outcomes for everyone involved.

Key information for staff:

Think Family - NHS Safeguarding

11.0 Documentation

Health records play an important role in responding to domestic abuse – and not just in a health setting. The records you keep can be used in:

- Criminal proceedings if a perpetrator faces charges.
- Obtaining an injunction or court order against a perpetrator.
- Immigration and deportation cases.
- Housing provision
- Civil procedures in family courts to assess the risks associated with granting an abusive parent contact with children.

Keep detailed, accurate and clear notes to indicate the harm that domestic abuse has caused. This can ultimately assist the person in living a safer life. Perpetrators will be more likely to be charged and sentenced.

12.0 Confidentiality

Sharing of information can be done with or without consent, if there is a risk to others or in the wider public protection.

13.0 Record keeping

Always keep a detailed record of what you have discussed with the victim – even if there is a suspicion of domestic abuse but no disclosure has been made. They might in the future.

- You do not need a patient's permission to record disclosure of domestic abuse or the findings of an examination. Make clear to the victim that you have a duty to keep a record of their disclosures and injuries as a duty of care.
- Keep records as detailed as possible (for example, 'patient states they were kicked twice in the stomach by partner/spouse rather than 'patient assaulted').
- Record the name of the **suspected perpetrator** or **if suspected the name of the person in attendance with them.**
- Document injuries in as much detail as possible.
- Consider does the injury fit the explanation?
- If possible, use drawings or body maps to show injuries.
- Photographs as proof of injuries should be taken with consent.
- Consider a referral to Sexual Assault Referral Centre (SARC)
- Do not record anything about the disclosure on to the perpetrator's records
- **Domestic abuse should never be recorded in any hand-held notes e.g. Child Personal Health Record (Red Book)**
- On Trust electronic records nothing about domestic abuse should be visible on the opening screen (which could be seen by a perpetrator or a member of staff who doesn't need to see information about the abuse).

Key Information for staff:

SARC offer support to victims of Sexual Abuse and Rape.
Specially trained workers will answer your call. All support workers are female.
A referral can be made, 24hrs a day, 7 days a week, 365 days a year on:

0808 196 2340
Or
Email: info@theglade.org.uk
Nearest centre is The Glades, Bransford, Worcester

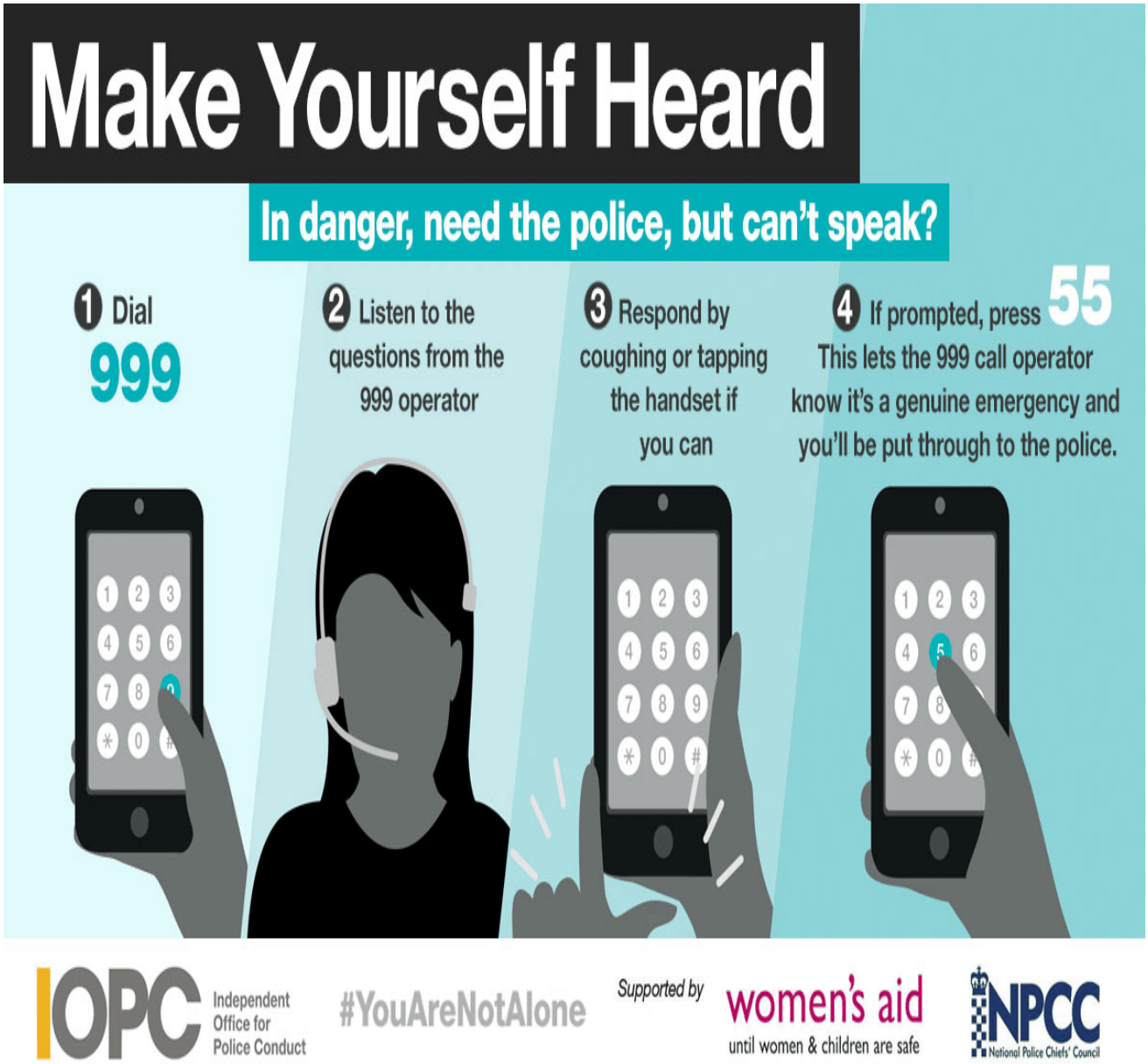
SARSAS (equipped to offer support for trans and non-binary people)
https://www.sarsas.org.uk/

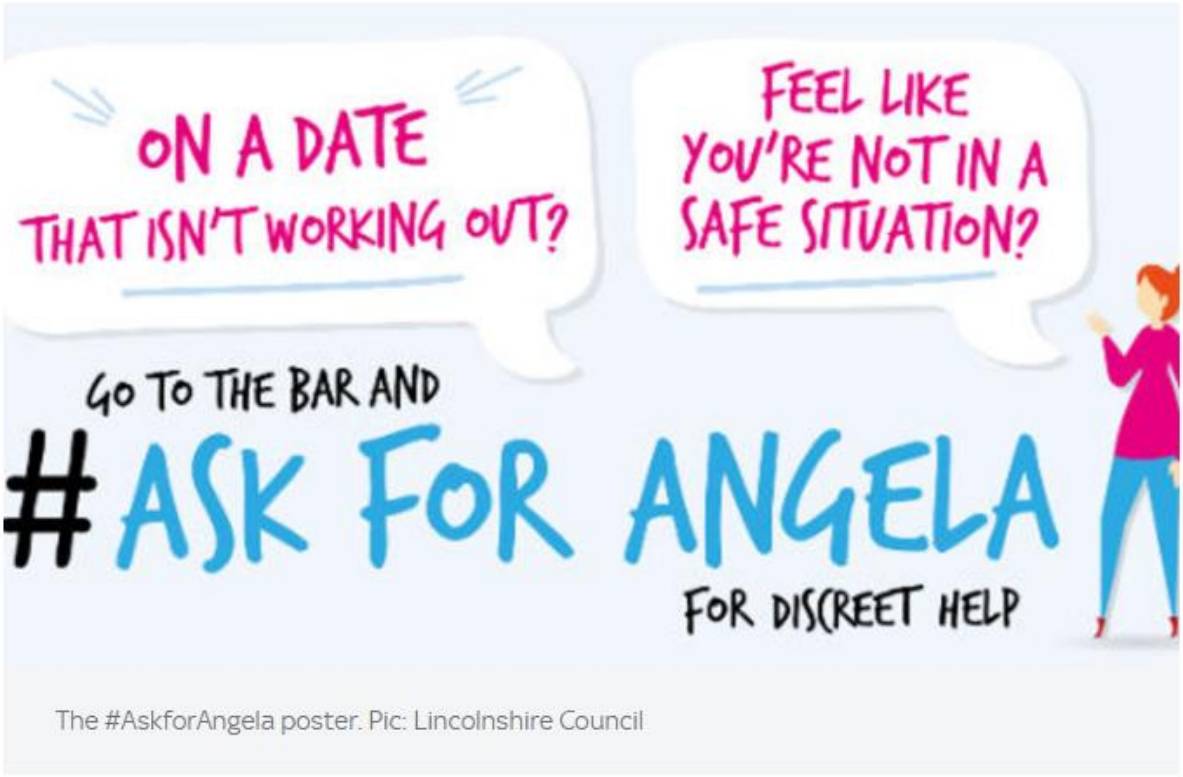
Rape Crisis: https://rapecrisis.org.uk/

Independent Domestic / Sexual Violence Advisor - Advocacy / ISVA service:
https://www.axiscounselling.org.uk/referrals-forms/

14.0 Supplementary Information

Police 999 "55" – need help but cannot speak





The #AskforAngela poster. Pic: Lincolnshire Council

Ask for Angela

Launched in 2016, Ask for Angela is an initiative in hospitality venues designed to help prevent sexual violence.

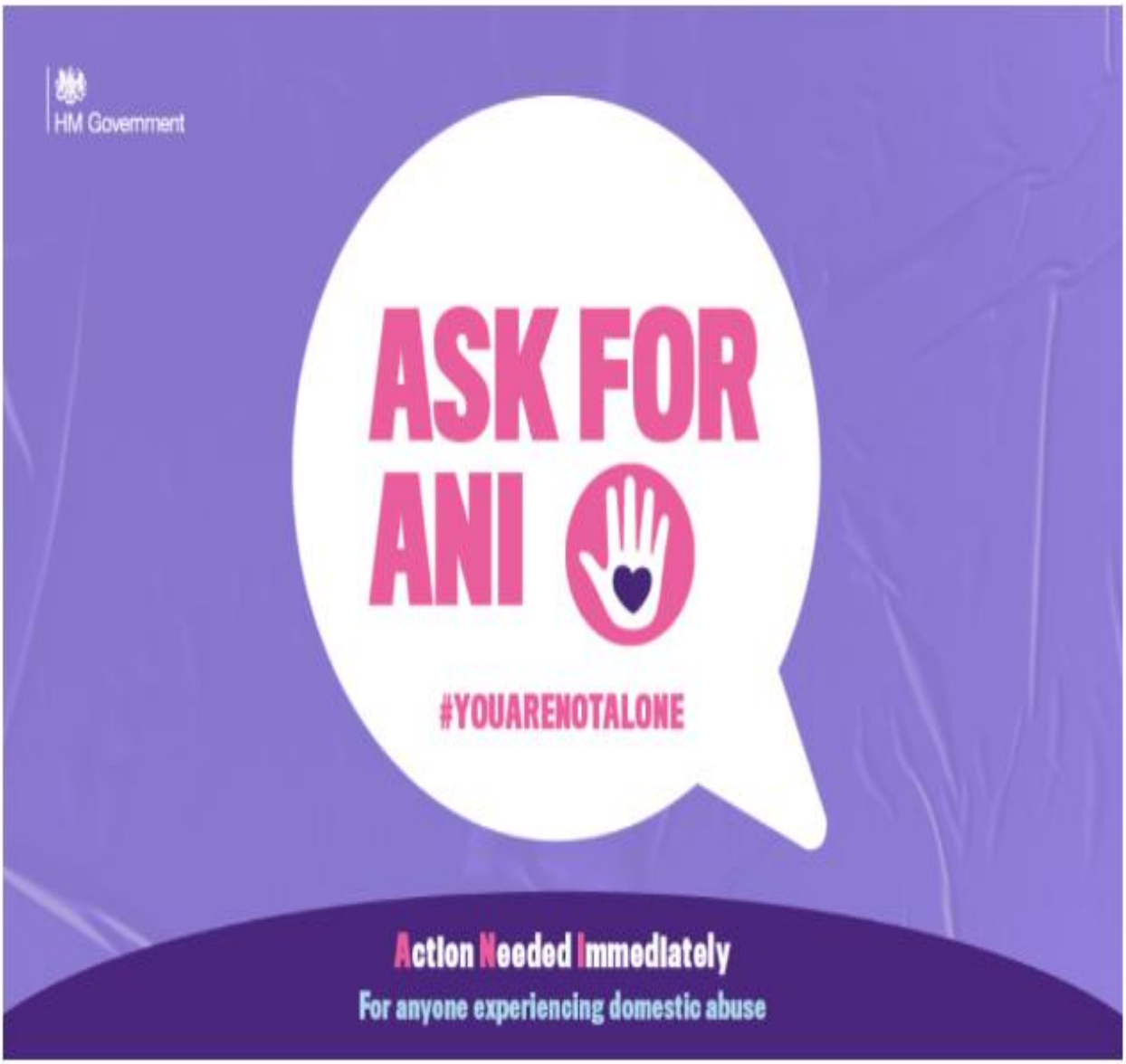
Posters in venues, most often placed in toilets, inform customers that they can "ask for Angela" to a member of staff, which acts as a discreet code word instructing employees that they feel unsafe or threatened.

Staff will subsequently help the victim out of their situation.

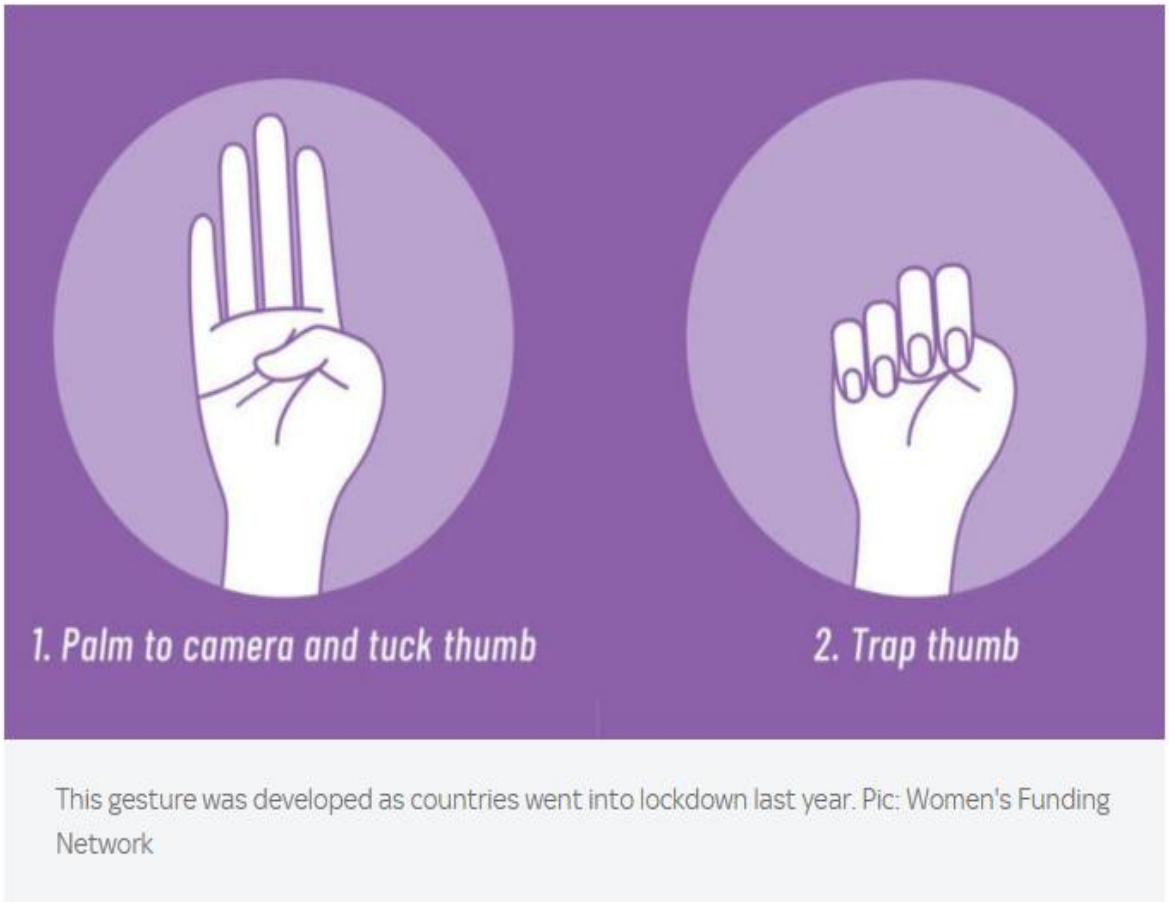
The use of the name "Angela" is a play on the idea of a guardian angel.

The campaign was the brainchild of Hayley Child, the substance misuse strategy coordinator for Lincolnshire County Council, and gained attention after it was successfully trialled in Lincoln.

The Met Police has helped introduce the scheme in London venues.



Ask for ANI logo used in participating pharmacies



This gesture was developed as countries went into lockdown last year. Pic: Women's Funding Network

This is the hand gesture that was widely publicised over social media to signify that help was needed

6.0 IMPLEMENTATION

16.1 Plan for implementation

The Policy will be available on the Key Documents and Safeguarding pages of the Trust SharePoint page.

16.2 Dissemination

The Policy will be disseminated via the Integrated Safeguarding Committee representatives.

16.3 Training and Awareness

Domestic Abuse training is part of The Trust Induction training.
Domestic Abuse training is Mandatory for maternity staff and is incorporated within the Mandatory Training days.
All staff and volunteers are assigned mandatory safeguarding adults and children training at a level in accordance with their job role. All training packages delivered incorporate domestic abuse.

7.0 MONITORING & COMPLIANCE

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	. Number of referrals to HIDVA	 Quarterly referral data	 4 times a year.	 HIDVA coordinator to provide report	Reported via the quarterly and Annual Integrated Safeguarding Reports	. Quarterly & Annual
Midwifery Pathway	Are Pregnant women asked Routine enquiry twice during pregnancy and once postnatally	Audit	Twice a year	Named Midwife for Safeguarding supported by Specialist Midwives.	Named Midwife for safeguarding will share findings at Safeguarding Committee meeting and through her quarterly report to Maternity Governance.	Q2 and Q4
	Domestic Homicide Review data / learning	Quarterly case reporting Learning from DHR will be presented to the Integrated Safeguarding Committee	Quarterly Ad hoc	Head of Safeguarding Named Nurse Safeguarding Adults	Reported via the quarterly and Annual Integrated Safeguarding Reports Integrated Safeguarding Committee	Quarterly & Annual

8.0 POLICY REVIEW

This Policy will be reviewed every year to ensure it remains fit for purpose or in light of any updated guidance or legislation.
A full review will be undertaken every 3 years in accordance with Key Document review timeframes.

9.0 REFERENCES

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Safeguarding – Managing Allegations against People in a Position of Trust Policy (PiPoT)
Safeguarding Children & Young People
Safeguarding Adults Policy & Procedure

West Midlands Procedures:
Children: Welcome to the West Midlands Regional Safeguarding...

Adults: West Midlands Regional Adult Safeguarding Information Hub

10.0 BACKGROUND

10.1 Equality requirements
See Equality Assessment Supporting Document 1

10.2 Financial risk assessment
See Financial Risk Assessment Supporting Document 2

10.3 Consultation

This key document has been circulated to the following individuals for consultation:

Contribution List This key document has been circulated to the following individuals for consultation:	
Name	**Designation**
Integrated Safeguarding Committee Trustwide Divisional representatives	Trustwide representation
Julie Webber	Lead Nurse for Patient Experience
Patient Safety Team	wah-tr.PatientSafety@nhs.net
Kate Haddigan	LGBTQ+ Network Vice Chair on behalf of Bec Harris LGBTQ+ Network Chair Women's Staff Network Chair
Reena Rane	EmbRACE network (Chair)
Donna Scarrott	DAWN Network
Lisa Peplow	Manager- IDVA Service West Mercia Women's Aid
Ali Koeltgen	Chief People Officer
Hayley Flavell	Chief Nursing Officer
Robert Saunders	HR Manager (Recruitment)
Justine Jefferey	Director, Midwifery
Rebecca Fox	Deputy Director, Midwifery
Specialist Midwifery team	
Emma King	Director, Estates & Facilities
Rachael Hayter	Director of Allied Health Professionals

This key document has been circulated to the chair(s) of the following committee's / groups for comments:

Committee
Integrated Safeguarding Committee
Maternity Governance
Improving Safety Action Group

10.4 Approval Process

This policy has been approved by the Integrated Safeguarding Committee, Maternity Governance and Improving Safety Action Group.

10.5 Version Control

Date	Amendment	By:
04.08.2025	Full policy review and update	Kate Birch and Debra Blenkinsop
24.03.2026	Updated version of MARAC referral form throughout	D Narburgh

11.0 APPENDICES

Supporting Document 1 – Equality Impact Assessment Form

To be completed by the key document author and included when the document is submitted to the appropriate committee for consideration and approval.

NHS Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	**Kate Birch, Named Midwife**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	K Birch	Named Midwife	katebirch@nhs.net
Date assessment completed	20.10.2025		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title:** Domestic Abuse Policy
What is the aim, purpose and/or intended outcomes of this Activity?	

Who will be affected by the development & implementation of this activity?	x x x x	Service User Patient Carers Visitors	x x ❑ ❑	Staff Communities Other _____	
Is this:	x Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?				
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Refer to reference list				
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Refer to document				
Summary of relevant findings	Full Policy review & update to bring in line with best practice guidance and legislative frameworks.				

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		x		Policy applicable from unborn to death
Disability		x		Policy applicable to all irrespective of disability
Gender Reassignment		x		Policy applicable to all
Marriage & Civil Partnerships		x		Policy applicable to all
Pregnancy & Maternity	x			Enhanced checks due to risk of domestic abuse during /after pregnancy

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Race including Traveling Communities		x		Policy applicable to all
Religion & Belief		x		Policy applicable to all
Sex		x		Policy applicable to all
Sexual Orientation				Policy applicable to all
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				Policy applicable to all
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				Policy applicable to all

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation
1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.
1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Kate Birch
Date signed	20.10.2025
Comments:	Approved ISAG 03.02.2026
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and included when the document is submitted to the appropriate committee for consideration and approval.

ID	Financial Impact:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	NO

ID	Financial Impact:	Yes/No
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO
Other comments:		
[Insert comments here]		