| Trust Policy | | Worcestershire Acute Hospitals NHS Trust |
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# Domestic Abuse

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| **Department / Service:** | Trustwide |
| **Originator:** | Kate Birch<br>Named Midwife for Safeguarding |
| **Accountable Director:** | Vicky Morris, Chief Nursing Officer |
| **Approved by:** | Integrated Safeguarding Committee 29.09.2020<br>Endorsed by Clinical Governance Group 06.10.2020 |
| **Date of approval:** | 29th September 2020 |
| **First Revision Due:** | 2nd November 2024 |
| **Target Organisation(s)** | Worcestershire Acute Hospitals NHS Trust |
| **Target Departments** | Trustwide |
| **Target staff categories** | All staff |

**Policy Overview:**

- The policy will provide a framework of evidence based practice in responding to domestic violence and abuse.
- Promote a consistent and quality approach to Domestic Violence and Abuse in line with local and National guidance
- To ensure all WAHT staff are aware of their responsibilities to identify, risk assess and support victims of Domestic Violence and Abuse and their families
- Ensure Staff have the knowledge and skills to support their responsibilities
- Run in parallel with partner agencies responding to domestic violence and abuse.

**Latest Amendments to this policy:**

Revised as part of the Safeguarding Children Policy – approved September 2020

October 2023 – Document extended for 6 months whilst review undertaken- Deborah Narbugh

02 May 2024: Document extended for 6 months whilst under review - Deborah Narburgh Head of Safeguarding

**Contents page:**

Quick Reference Guide

## 1. Introduction

SafeLives Insight datasets reveal that:

- Each year nearly 2 million people in the UK suffer some form of domestic abuse - 1.3 million female victims (8.2% of the population) and 600,000 male victims (4%)
- Each year more than 100,000 people in the UK are at high and imminent risk of being murdered or seriously injured as a result of domestic abuse
- Women are much more likely than men to be the victims of high risk or severe domestic abuse: 95% of those going to Multi Agency Risk Assessment Conference (MARAC) or accessing an Independent Domestic Violence Advisor service are women
- In 2013-14 the police recorded 887,000 domestic abuse incidents in England and Wales
- Seven women a month are killed by a current or former partner in England and Wales
- 130,000 children live in homes where there is high-risk domestic abuse
- 62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others
- On average victims at high risk of serious harm or murder live with domestic abuse for 2-3 years before getting help

85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse. Domestic Abuse is not limited to any particular class, ethnic or social group-however the experience of domestic abuse may differ as a result of these different contexts.

Although domestic abuse can take place in any intimate relationship, including gay and lesbian partnerships, and abuse of men by female partners does occur, the great majority of domestic abuse and the most severe and chronic incidents are perpetrated by men against women and children.

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

15% of men and 26% of women aged 16-59 have experienced some form of domestic abuse since the age of 16, equivalent to an estimated 2.4 million male victims and 4.3 million female.

**For every three victims of domestic abuse, two will be female, one will be male.** One in 4 women and one in six to seven men suffer from domestic abuse in their lifetime.

**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 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. However, 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?'

## 2. Scope of this document

- 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 applies to all staff groups working within WAHT
- Runs in parallel with partner agencies responding to domestic abuse
- 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 and Maternity.

## 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 includes "honour "based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confirmed to one gender or ethnic minority.

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

There are several risk factors for becoming a victim of DVA, which include age and pregnancy. Women in younger age groups, in particular those aged 16-24 years are at greater risk. The greatest risk is for teenage mothers, and during the postnatal period.

**A definition of DVA is**:

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

- Psychological
- Physical
- Sexual
- Financial
- Emotional

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### 3.1 Victim/Survivor and Perpetrators

**Victim/Survivor**:

Is anyone who has been injured and/or emotionally or sexually abused by a family member or intimate partner with whom she/he has had an intimate relationship. This policy will use the term victim.

**Perpetrator**:

A perpetrator of Domestic Abuse is a person, male or female who engages in abusive or controlling behaviour.

### 3.2 Types of Abuse

**Physical Abuse may include**

- Shaking, smacking, punching ,kicking, pinching, biting, starving withholding medication, withholding equipment, stabbing, suffocation, strangulation, throwing things, using objects as weapons, restraining by force.
- FGM
- Honour based Violence, Honour crimes are acts of violence, sometimes occurring over a period of time and often resulting in murder committed by family members where a female member of the family is perceived to have brought dishonour on the family.

**Psychological and Emotional Abuse can include**

- Constant put downs
- Humiliation and degradation
- Intimidation
- Insulting behaviour
- Undue criticism
- Minimising and denying the abuse
- Harming partner, children or pets
- Stalking, making constant phone calls/texting
- Forced marriage
- Isolation from family, friends and colleagues
- Threats to harm a partner, children or pets

**Sexual abuse can include**

- Forced sex or prostitution
- Refusing to practice safe sex, not using contraception
- Deliberately passing on sexually transmitted infections
- Preventing breast feeding
- Ignoring religious prohibitions about sex

**Financial abuse can include**

- Refusing to allow a partner to work
- Undermining their efforts to find work or their ability to study
- Refusal to give money for basic needs
- Demanding explanation as to how all money is spent
- Gambling or non-payment of debts

**Controlling behaviour**

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

**Coercive behaviour**

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

**Stalking is defined as;**

- Two or more incidents (causing distress, fear or alarm) of obscene or threatening unwanted letters or phone call, waiting or loitering around home or workplace, following or watching, or interfering with or damaging personal property by any person, including a partner or family member.

- Any allegation of stalking, online or in person, should be taken very seriously. Research shows that stalking is associated with increased risk of serious harm or death. Stalking by partners or ex-partners is one of the most predictive factors of either further assault or murder, even in cases where there is no history of physical violence. Stalkers will often combine physical, emotional and sexual intimidation. They may also broaden their targets to family and friends in a bid to exert control over the person's life.

Below is a list of behaviour examples that could be defined as stalking. This is not an exhaustive list but gives an indication of the types of behaviour that maybe displayed in stalking

- Following a person
- Contacting, or attempting to contact, a person by any means
- Publishing any statement or other material relating or purporting to relate to a person, or purporting to originate from a person.
- Monitoring the use by a person of the internet, email or any other form of electronic communication.

**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.
- It is an appalling and indefensible practice and is illegal in Great Britain.
- It is recognised as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

**Honour Based Violence**

- "Honour-based" violence is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community."
- Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

### 3.3 Domestic Violence Protection Orders and Domestic Violence Protection Notices

Domestic Violence Protection Orders (**DVPOs**) and Domestic Violence Protection Notices (**DVPNs**) were introduced across all 43 police forces in England and Wales on 8th March 2014.

**DVPO** are a civil order that provide protection to the victims by enabling the police and magistrates to put in place protective measures in the immediate aftermath of a domestic violence incident. DVPOs are often used where there is insufficient evidence to charge a perpetrator and provide protection to a victim via bail conditions.

**DVPN** is the initial notice issued by the police to provide emergency protection to an individual believed to be the victim of domestic violence. This notice which must be authorised by a police superintendent contains prohibitions that effectively prevent the suspect/perpetrator from returning to the victim's home or otherwise contacting the victim. A DVPN may be issued to a person aged 18 years and over if the police superintendent has reasonable grounds for believing that:

- The individual has been violent towards an associated person
- The individual has threatened violence towards an associated person
- The DVPN is necessary to protect that person from violence or a threat of violence by the intended recipient of the DVPN

### 3.4 Domestic Violence Disclosure Scheme (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 scheme has two routes;

- "right to ask" this enables someone to ask the police about a partners previous history of domestic violence or violent acts
- "right to know" the police can proactively disclose information in prescribed circumstances.

Every request under the DVDS is thoroughly checked by a panel made up of police,

Probation services and other agencies to ensure information is only passed on where it is deemed to be lawful, proportionate and necessary.

### 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.

### 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.

### 3.7 Safety Planning

Safety Planning is a practical process that practitioners can use with anyone affected by DVA. Safety Planning should commence following any disclosure of DVA

### 3.8 Domestic Homicide Review (DHR)

Two women a week die as a result of DVA. In cases where DVA 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.

### 3.9 Police Logs

- Incidents of DVA are initially reviewed by the police Harm Assessment Unit (HAU) and are then sent to other agencies according to the agreed criteria.
- WAHT receive Police Logs relating to pregnant women or, women who have a child under the age of 1yrs.
- 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 First 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 DVA "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 Specialist Midwife.( See maternity section page 23)

### 3.10 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 |
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| Safelives DASH risk checklist<br>Please note this Opens as a PDF file, ensure a copy of assessment is placed in patients hospital notes |

### 3.11 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.

**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 particular individual or to the general community
- Identify outstanding aspects of risk assessment in regard to the victim, children or perpetrator that need 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 twice a 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 .

| Key Information for staff |
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| MARAC referral form and Information sharing without consent<br>MARAC Referral Form - Multi Agency 2<br>Information sharing without notifying the<br>Send completed MARAC referral to; worcestershiremarac@westmercia.pnn.police.uk |

Following MARAC, reports are received by the ISGT 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 DVA an "Alert" is added to the victim and any children. These Alerts can be viewed via Oasis, CLIP and Patient First.

**4.0 Signs of domestic violence and abuse:**

Can often go unnoticed, listed below are **16** 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 and 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 on 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.

### 5.0 Staff Responsibilities

As health professionals supporting those who are experiencing domestic abuse, we have to 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.

| Key Information for Staff: |
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| You should never assume that someone else will take care of domestic violence and abuse issues – you may be the victim's first and only contact.<br><br>It is **not** your role to encourage the victim to leave their partner, or to take any particular course of action. This could lead to problems, including increased danger for the victim and the children**.**<br><br>Your role in responding to domestic abuse should be limited to:<br><br>• Focusing on the victim's safety and that of any children in the household;<br>• Giving the victim information and referring them to relevant agencies;<br>• Making it easy for the person to talk about their experiences;<br>• Supporting and reassuring the person; and<br>• Being non-judgemental |

### 5.1 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.
- 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.

### 5.2 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 First 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.

### 5.3 Providing Information and Signposting

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 is available to support staff and patients who may be at risk of, or experiencing, domestic abuse/violence. See contact details below;

| Key Information for Staff: |
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| The **HIDVA** is available via switchboard or email at hidva@wmwa.cjsm.net (this is a secure email address) 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.<br><br>Further advice and support is available via West Mercia Women's Aid - 0800 980 3331<br><br>A Professionals Pack containing a range of information can be found at: http://www.worcestershire.gov.uk/downloads/file/10171/domestic_abuse_and_sexual_violence_information_pack<br><br>Further resources for professionals are available via the overview of services Worcestershire County Council Website: http://www.worcestershire.gov.uk/downloads/file/9936/overview_of_the_services_in_domestic_abuse_and_sexual_violence |

### 5.4 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; and
- 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.

### 5.5 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 suspect 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)

| Key Information for staff |
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| **SARC** offer support to victims of Sexual Abuse and Rape.<br>Specially trained workers will answer your call. All support workers are female.<br>A referral can be made, 24hrs a day, 7 days a week, 365 days a year on;<br><br>0800 178 2058<br>Or<br>Email; info@theglade.org.uk<br>Nearest centre is The Glades, Bransford, Worcester |

- Domestic abuse should never be recorded in hand-held notes, such as maternity notes (see maternity section page 23) or the children's 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).

**6.0 Adult Victims**

It is important to consider the additional risks of DVA 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" under took a study of Abuse and neglect of Older people, results from this survey found the following:

**6.1 Factors that may lead to elder abuse:**

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

**6.2 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

**6.3 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.

**6.4 Perpetrators of elderly abuse:**

| Perpetrator | Percentage of the survey |
|---|---|
| Partner | 31% |
| Other family member | 20% |
| Friend | 4% |
| Neighbour/Acquaintance | 45% |

**6.5 Adults with care and support needs**

The Care Act 2014 identified DVA as a category of abuse in adult safeguarding. Evidence indicates that those experiencing physical or mental health problems maybe more vulnerable to DVA. 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 DVA and has care and support needs consider a Safeguarding Adult referral.

| Key Information for Staff: |
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| To make an Adult referral:<br>Go to the online form at Worcestershire County Council. Follow the link:<br>http://ylyc.worcestershire.gov.uk click the “raise a concern about an adult”<br>If at anytime the online form is not available please call 01905 768053 to report your safeguarding concerns |

**7. Male Victims of DVA**

Key Facts about Male Victims of Domestic Abuse and Partner Abuse (March 2020) (Mankind Initiative)

- 576,000 men (2.5% men) and 1.2 million (4.8% women) were victims of partner abuse in 2018/19 equating to a ratio of two female victims to every one male victim.
- In 2017/18, 11% of male victims (7.2% women) have considered taking their life due to partner abuse.
- In 2017/18, nearly half of male victims fail to tell anyone they are a victim of domestic abuse (only 51% tell anyone). They are nearly three times less likely to tell anyone than a female victim (49% of men fail to tell anyone as opposed to 19% women). This has worsened since 2015/16 where the figures were 61% for men (88% women).
- In 2018/19 – 16 men (80 women) were killed at the hands of their current or ex-partner.

In terms of refuges/safe houses, currently, there are 37 organisations with 204 spaces with only 40 of those places dedicated for men. Many parts of the UK have no or limited places.

Men don't leave abusive relationships for various reasons – the top 10 reasons being (Mankind Initiative):

- Concern about the children (89%), marriage for life (81%)
- Love (71%)
- The fear of never seeing their children again (68%),
- A belief she will change (56%),
- Not enough money (53%),
- Nowhere to go (52%),
- Embarrassment (52%),
- Not wanting to take kids away from their mother (46%),
- Threats that she will kill herself (28%)
- He fears she will kill him (24%).

Callers to the Mankind Initiative Helpline state they are suffering from the following Forms of DVA:

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| Emotional | 95% |
| Physical | 64% |

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| Financial | 20% |
| Sexual | 3% |
| Psychological | 35% |
| Coercive control | 14% |

| Key Information for Staff: |
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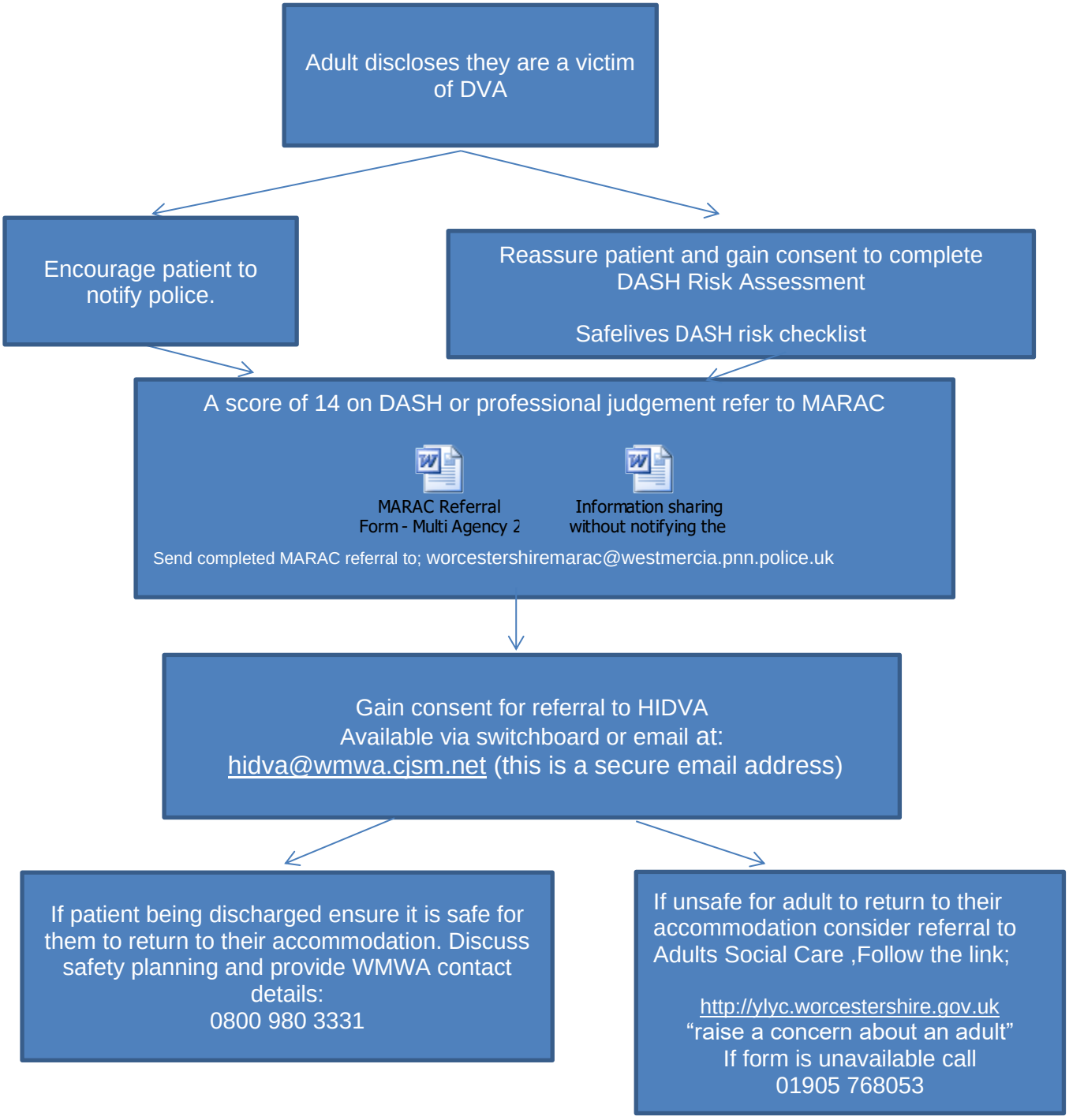
| Referral Pathway for Male victims of DVA :<br><br>• WMWA helpline which is 24/7 on 0800 980 3331.<br>• Male helpline which is 0800 014 9082, this is manned by Mark Linton, male IDVA, on a Tuesday between 10-3pm, the rest of the time it's covered by voicemail.<br><br>There are also two email addresses;<br>Male.support@rooftopgroup.org<br>Male.support@rooftop.cjsm.net (secure)<br><br>• 1-2-1 Support/MARS Programme referrals to be sent via email to male.support@rooftopgroup.net |

## 8.0 ADULT PATHWAY:



## 9.0 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.

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 as a result 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

.

At least 750,000 children and young people are estimated to be exposed to domestic violence every year in England (DH 2002).

Approximately 75% of those living in households where domestic violence occurs are exposed to actual incidents (Royal College of Psychiatrists 2004). Many will be traumatised by what they witness – whether it is the violence itself or the emotional and physical effects the behaviour has on someone else in the household (DH 2009). Domestic violence is also associated with an increased risk of;

- Abuse,
- Deaths
- Serious injury for children and young people (DH 2009).

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 and should be responded to by professionals following Trust Child Protection Guidance within the Safeguarding Children policy.

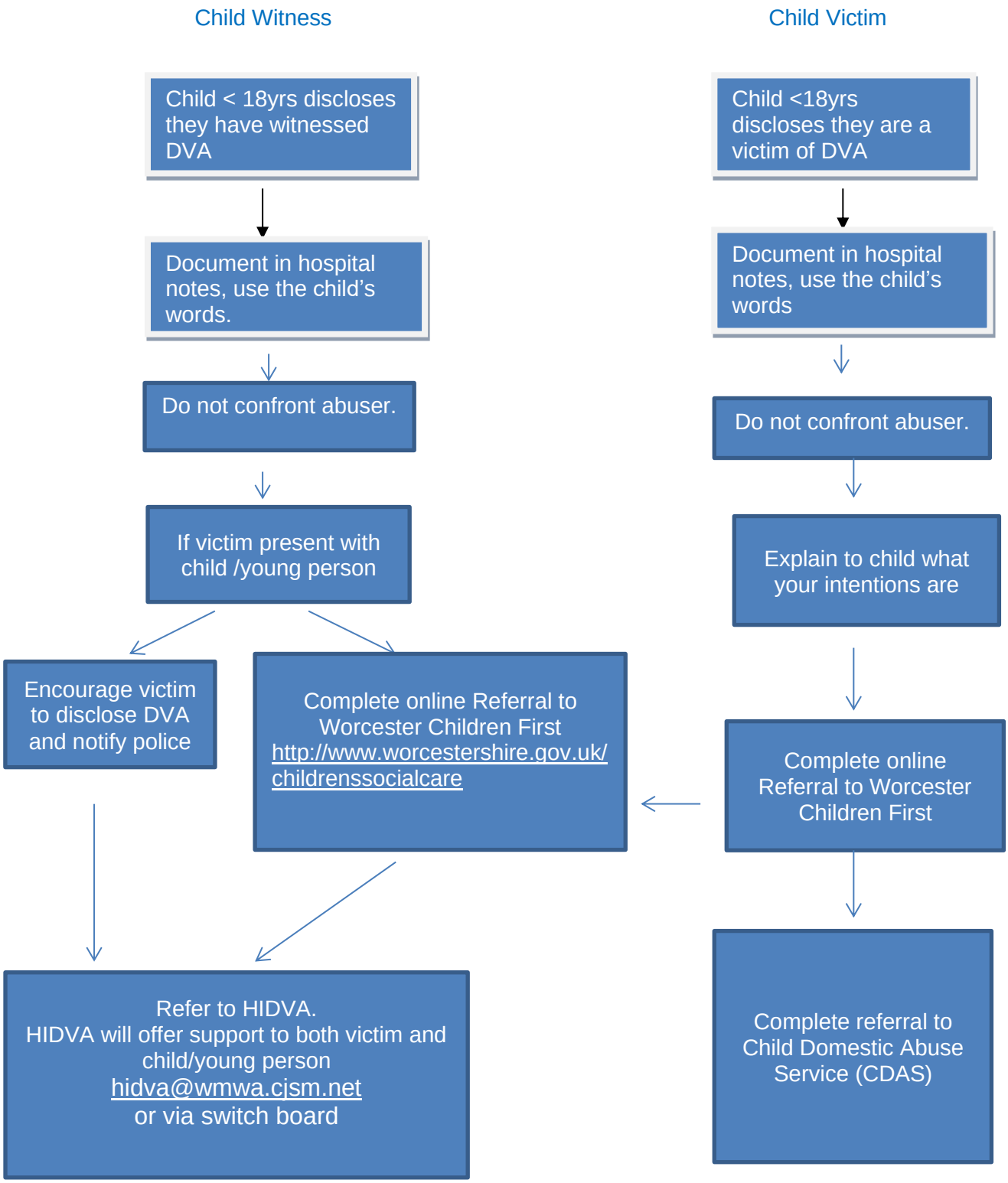
### 9.1 If a child discloses Domestic Violence or Abuse (DVA)

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
- Tell 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 in child's hospital notes

| Key Information for Staff: |
| --- |
| Child Domestic Abuse Service for Victims<br>  <br>CDAS - leaflet for parents and YP V2.pc<br>  <br>Request for CDAS service 2020.docx |

## 10. CHILD PATHWAY:



**11.0 Maternity**

DVA 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 women in abusive relationships are at an increased risk of;

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

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

It is suggested that DVA 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, (Safelives)

**11.1 Routine Enquiry – Asking the question**

Maternity based routine enquiry for DVA is an excellent opportunity for proactive early intervention. It creates a culture where DVA is named and discussed and therefore helps generate disclosure.

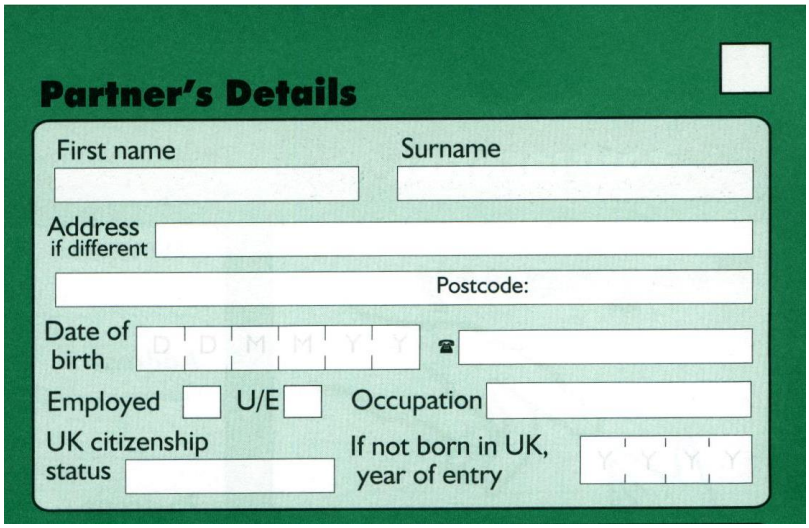
**11.2 Strategies for a seeing a woman alone**

- Use your activity to request seeing the woman alone as a routine procedure.
- Ask partner to help fill in documentation while you speak to the woman
- Ask for a urine sample, and accompany her.
- At the dating scan appointment, accompany women to the scales for her weight, tell the partner what you are doing, her weight is obviously a secret. Ask woman to read Information relating to DVA, document response in woman'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 woman never alone.

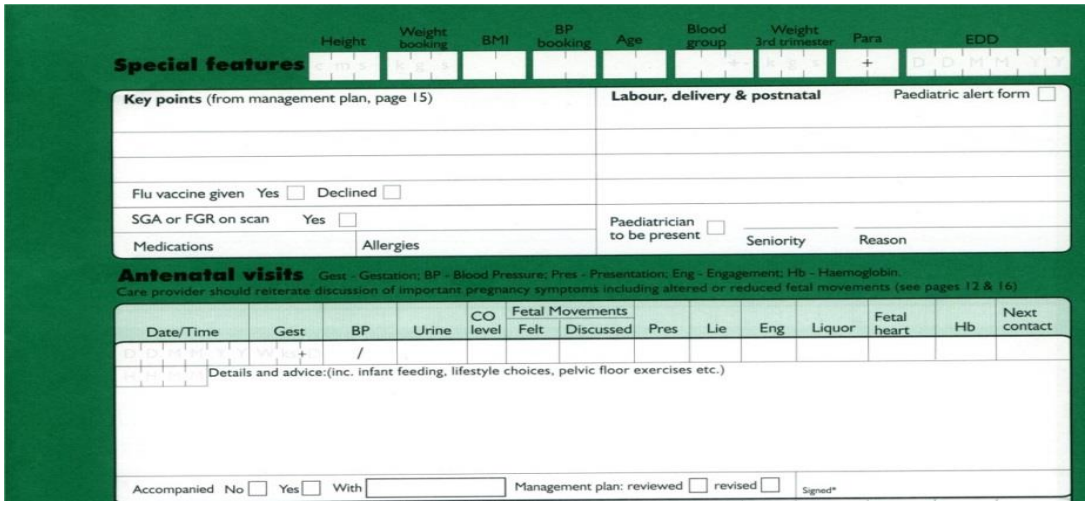
| Key Information for Staff: |
| --- |
| It is the responsibility of all **Midwives** and **medica**l staff to ensure the Routine Enquiry question is asked at every opportunity but a minimum of **twice** during pregnancy and clearly documented in woman's .hospital notes and Patient Held Records. |

**11.3 Information to be recorded:**

Include partner's details,




- Booking history should include Routine Enquiry in relation to **past and current** partners.
- The woman 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 woman was seen alone. If woman 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 DVA 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 an ex-partners who was the perpetrator.
- When asking the "Routine Enquiry" question it is important to consider not only the woman's safety but also your own safety.
- Ensure woman is on her own, never ask if the woman is accompanied. Any intervention should be considered as to whether it will increase safety for the client or place her in more danger.


Special features
Height
Weight booking
BMI
BP booking
Age
Blood group
Weight 3rd trimester
Para
EDD
Key points (from management plan, page 15)
Labour, delivery & postnatal
Paediatric alert form
Flu vaccine given Yes Declined
SGA or FGR on scan Yes
Medications
Allergies
Paediatrician to be present
Seniority
Reason
Antenatal visits
Gest - Gestation; BP - Blood Pressure; Pres - Presentation; Eng - Engagement; Hb - Haemoglobin.
Care provider should reiterate discussion of important pregnancy symptoms including altered or reduced fetal movements (see pages 12 & 16)
Date/Time
Gest
BP
Urine
CO level
Fetal Movements
Felt
Discussed
Pres
Lie
Eng
Liquor
Fetal heart
Hb
Next contact
Details and advice:(inc. infant feeding, lifestyle choices, pelvic floor exercises etc.)
Accompanied No Yes With
Management plan: reviewed revised
Signed*

- **Re -/neg** = nothing disclosed
- **Re +/pos** = Disclosure made

These abbreviations are to be used in the Woman's hand Held Notes

- Information about the abuse must be recorded in the woman's medical records, staff must document the information accurately and clearly. The woman'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.

- The record should be stored in a 'pink envelope'.

- Where a 'pink envelope' is present in a woman's record, the notes should never be left unattended in a room, in clinic or delivery suite, where the contents could be read by the perpetrator of the abuse

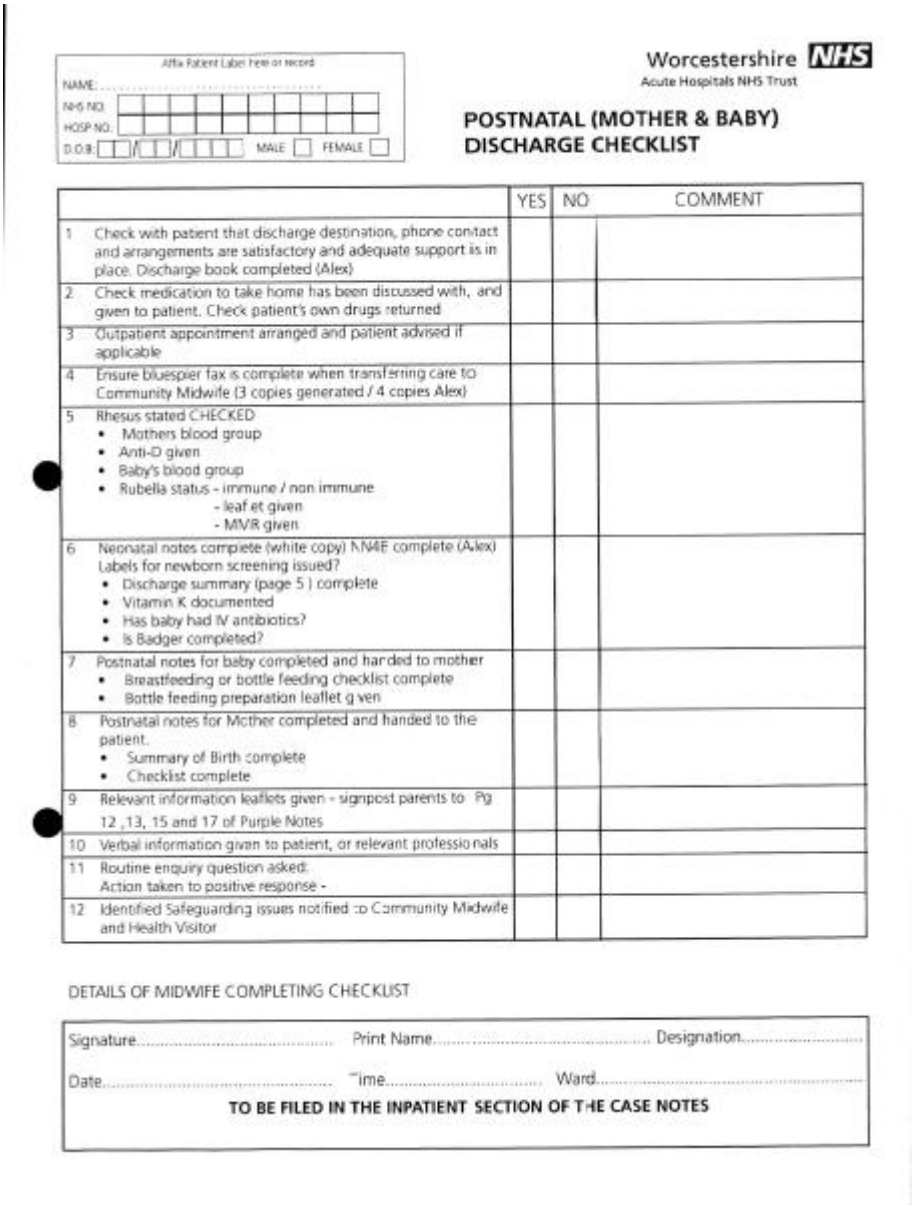
**Postnatal:**

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

- The response should be documented on the Post Natal Discharge Check List question 11 (see below)

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

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



Worcestershire NHS
Acute Hospitals NHS Trust

Affix Patient Label here or record

NAME:
NHS NO:
HOSP NO:
D.O.B: / / MALE FEMALE

**POSTNATAL (MOTHER & BABY)**
**DISCHARGE CHECKLIST**

| | YES | NO | COMMENT |
|---|---|---|---|
| 1 Check with patient that discharge destination, phone contact and arrangements are satisfactory and adequate support is in place. Discharge book completed (Alex) | | | |
| 2 Check medication to take home has been discussed with, and given to patient. Check patient's own drugs returned | | | |
| 3 Outpatient appointment arranged and patient advised if applicable | | | |
| 4 Ensure bluespier fax is complete when transferring care to Community Midwife (3 copies generated / 4 copies Alex) | | | |
| 5 Rhesus stated CHECKED<br>• Mothers blood group<br>• Anti-D given<br>• Baby's blood group<br>• Rubella status - immune / non immune<br>- leaf et given<br>- MMR given | | | |
| 6 Neonatal notes complete (white copy) NNE complete (Alex) Labels for newborn screening issued?<br>• Discharge summary (page 5 ) complete<br>• Vitamin K documented<br>• Has baby had IV antibiotics?<br>• Is Badger completed? | | | |
| 7 Postnatal notes for baby completed and handed to mother<br>• Breastfeeding or bottle feeding checklist complete<br>• Bottle feeding preparation leaflet g ven | | | |
| 8 Postnatal notes for Mother completed and handed to the patient.<br>• Summary of Birth complete<br>• Checklist complete | | | |
| 9 Relevant information leaflets given - signpost parents to Pg 12 ,13, 15 and 17 of Purple Notes | | | |
| 10 Verbal information given to patient, or relevant professionals | | | |
| 11 Routine enquiry question asked:<br>Action taken to positive response - | | | |
| 12 Identified Safeguarding issues notified to Community Midwife and Health Visitor | | | |

DETAILS OF MIDWIFE COMPLETING CHECKLIST

Signature..... Print Name..... Designation.....

Date..... Time..... Ward.....

**TO BE FILED IN THE INPATIENT SECTION OF THE CASE NOTES**

### 11.4 Safety Assessment and Responses

- It is vital to let the woman know that she is believed and for her to be reassured that what she has experienced is not her fault.

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

- If the woman 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 woman herself. Staff must respect and accept the woman's decision, whatever that may be.

- If she is in immediate danger, offer to contact the police.
- Complete Dash Risk Assessment Tool, see link below. Remember to save a copy in the woman's hospital notes.

| Key Information for staff |
| --- |
| Safelives DASH risk checklist<br>Please note this Opens as a PDF file, ensure a copy of assessment is placed in patients hospital notes |

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

| Key Information for staff |
| --- |
| MARAC referral form and Information sharing without consent<br>  MARAC Referral Form - Multi Agency 2<br>  Information sharing without notifying the<br>Send completed MARAC referral to; worcestershiremarac@westmercia.pnn.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 23.
- If the woman does not need immediate access to a refuge, discuss other safety options with her. The woman should be informed of her options and of the specialist services available to her ie 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. Women 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 Specialist Midwife for the area the woman' lives in.

### 11.5 Role of the Specialist Midwife in relation to DVA:

- Will discuss with the referrer
- Will contact woman and offer additional support and guidance.
- Will liaise with "Worcestershire Children First" 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 in the “Pink “Envelope” within woman’s hospital notes 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 “Pink Envelope” and available via Trust Information system “CLIP”.

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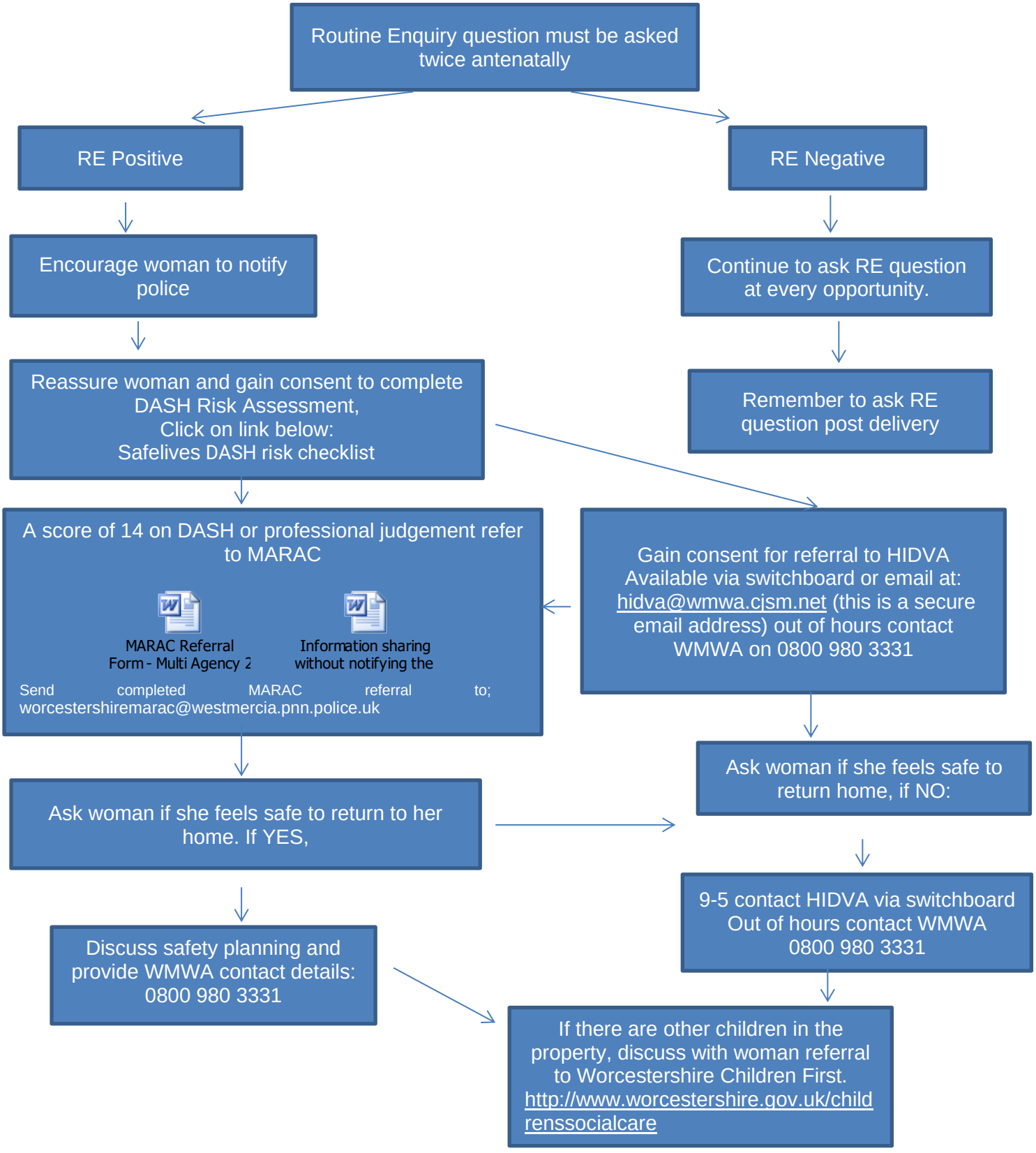
## 12.0 MATERNITY FLOWCHART



**13.0 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 Occupational Health services.
- 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.
The aim is to:

- Reduce the risk to the victim while in work
- Identify any work place 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.

| Key Information for Staff: |
| --- |
| For further information:<br>http://www.treatmentpathways.worcsacute.nhs.uk/safeguarding-adults/safeguarding-adults/ |

## 14.0 Additional Information

### 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 over and over, 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').

### Hollie Guard

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**.

**Police 999 "55" – need help but cannot speak**

## 15.0 Responsibility and Duties

This Policy forms part of the Safeguarding Policy in relation to adults and children (including unborns). Safeguarding and taking appropriate action in order to protect those experiencing, or at risk of abuse or neglect/risk of harm is mandatory for all staff and volunteers working within the Trust.

## 16.0 Implementation

### 16.1 Plan for implementation

The Policy will be available on the Safeguarding Pathway for both adults and children

### 16.2 Dissemination

The Policy will be available on the Safeguarding Pathway for both adults and children

### 16.3 Training and awareness

Domestic Abuse training is Mandatory for maternity staff and is incorporated within the Mandatory Training days. This is delivered by Named Midwife for Safeguarding and Specialist Midwives.

Safeguarding adults and children training is mandatory for all staff, including volunteers working within WAHT. All training packages delivered incorporate domestic abuse.

**17.0 Monitoring and 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?** |
| | .<br><br>Number of referrals to HIDVA | Quarterly referral data | 4 times a year. | HIDVA coordinator to provide report to Named Midwife for Safeguarding. | Shared at Safeguarding Committee meeting | .<br>Quarterly |
| | 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 |

## 18.0 Policy Review

Policy to be reviewed 3 yearly. WAHT Integrated Safeguarding Team will be responsible for the review.

## 19.0 References:

Code:

| | |
|---|---|
| WAHT Adult Safeguarding Policy | |
| West Midlands Consortium | |
| West Midlands Guidelines | |
| Safelives | |
| National Action on Elderly Abuse 2007 | |
| The Care Act 2014 | |
| The Adoption and Children Act 2002 | |
| Mankind March 2020 | |
| Every child matters 2004 | |
| Royal College of Psychiatrists 2004 | |
| NSPCC 2011 | |
| Kennair and Mellor 2007 | |

## 20.0 Background

### 20.1 Equality requirements

See Equality Assessment Supporting Document 1

### 20.2 Financial risk assessment

See Financial Risk Assessment Supporting Document 2

### 20.3 Consultation

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

| Designation |
|---|
| Vicky Morris, Chief Nurse |
| Lisa Miruszenko, Deputy Chief Nurse |
| Deborah Narburgh, Head of Safeguarding |
| Prakash Kalumbettu, Named Doctor Paediatrics |
| Angus Thomson, Divisional Director, Women & Children |
| Justine Jeffries, Divisional Director Midwifery & Gynaecology |
| Divisional Leads SCSD, Surgery, Medicine, Emergency Medicine |
| Specialist Midwives |

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

| Committee |
|---|
| Integrated Safeguarding Committee |
| Maternity Governance |
| |
| |

### 20.4 Approval Process

This policy has been approved by the Integrated Safeguarding Committee and Maternity Governance.

### 20.5 Version Control

This is a new Trustwide policy.

| Date | Amendment | By: |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |

**Supporting Document 1 - Equality Impact Assessment Tool**

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

| | | Yes/No | Comments |
|---|---|---|---|
| **1.** | **Does the Policy/guidance affect one group less or more favourably than another on the basis of:** | NO | |
| | • Race | NO | |
| | • Ethnic origins (including gypsies and travellers) | NO | |
| | • Nationality | NO | |
| | • Gender | NO | |
| | • Culture | NO | |
| | • Religion or belief | NO | |
| | • Sexual orientation including lesbian, gay and bisexual people | NO | |
| | • Age | NO | |
| | • Disability | NO | |
| **2.** | **Is there any evidence that some groups are affected differently?** | NO | |
| **3.** | **If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?** | | |
| **4.** | **Is the impact of the Policy/guidance likely to be negative?** | NO | |
| **5.** | **If so can the impact be avoided?** | | |
| **6.** | **What alternatives are there to achieving the Policy/guidance without the impact?** | | |
| **7.** | **Can we reduce the impact by taking different action?** | | |

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

**Supporting Document 2 – Financial Impact Assessment**

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

| | Title of document: | 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 |
| **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: | |

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval