Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

STANDARD OPERATING PROCEDURE	**Referral to Health Independent Domestic Abuse and Sexual Violence Advisor Service**
SOP ID NUMBER	**TW19-050 SOP**
VERSION NUMBER	**2**
APPROVING COMMITTEE	**Safeguarding Effectiveness Group**
DATE THIS VERSION APPROVED	**June 2023**
RATIFYING COMMITTEE	**PARG** (Policy Approval and Ratification Group)
DATE THIS VERSION RATIFIED	**September 2023**
AUTHOR(S) (JOB TITLE)	**Named Nurse Safeguarding Adult Health Independent Domestic Abuse Sexual Violence Advisor**
DIVISION/DIRECTORATE	**Safeguarding/Corporate**
WHICH POLICY ASSOCIATED TO?	**Domestic Abuse, Forced Marriage, so called 'Honour Based' Abuse and Female Genital Mutilation (FGM) Policy TW21-051**
CONSULTED WITH	**Safeguarding Effectiveness Group NMALT**
DATES PREVIOUS VERSION(S) RATIFIED	**December 2019**
DATE OF NEXT REVIEW	**September 2026**
MANAGER RESPONSIBLE FOR REVIEW (Job Title)	**Assistant Director of Safeguarding**

The WWL Way

AT ALL TIMES, STAFF MUST TREAT EVERY INDIVIDUAL WITH RESPECT AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY

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1 INTRODUCTION

1.1 Wrightington, Wigan and Leigh NHS Teaching Hospitals (WWLTH) has a statutory duty to have safe and effective systems in place to safeguard all their service users in regard to Domestic Abuse. WWLTH are required to fulfil legal requirements as per the Care Act 2014, the Children Act 1989 and the Children Act 2004 and in accordance with the NICE Domestic Violence and Abuse Quality Standard QS116, the Pathfinder Toolkit 2020 and the Domestic Abuse Act 2021.

1.2 WWLTH is committed to recognising Domestic Abuse as a crime and is therefore required to ensure this type of abuse is identified and recognised, and that service users and staff are provided with information and support to minimise further risk and harm to victims.

1.3 WWLTH has a statutory requirement to safeguard; Domestic Abuse is one of the ten categories of abuse as identified in the Care Act 2014. If WWLTH do not adhere to this requirement, it may give rise to financial implications due to potential negligence complaints alongside adverse media attention against the Trust.

1.4 The Wigan Borough Place and Community Safety Partnership Domestic Abuse Strategy 2021 – 2024 aims at being *'aspirational and that Wigan as a Borough deem Domestic Abuse as being unacceptable in all its forms, and where we want people in our community to be able to live safely and have happy lives free from abuse'*. WWLTH is the major health provider within the Borough advocating and working as a key partner agency in fulfilling this strategy.

1.5 Domestic abuse has a significant impact on children and young people of all ages. Section 3 of the *Domestic Abuse Act 2021* ('*the 2021 Act'*) recognises children as victims of domestic abuse if the child sees, hears, or experiences the effects of the abuse, and is related to, or falls under "parental responsibility" of, the victim and/or perpetrator of the domestic abuse. A child might therefore be considered a victim of domestic abuse under the *2021 Act* where one parent is abusing another parent, or where a parent is abusing, or being abused by, a partner or relative. Individuals experiencing domestic abuse present frequently to health services and this provides an ideal opportunity to identify and support individuals experiencing domestic abuse *(NICE guideline PH 50 Recommendation 6, 2014).*

1.6 Living with domestic violence and abuse raises significant public health and safeguarding concerns for the whole family. The national cost in providing services to support people experiencing domestic abuse impact on the Criminal Justice System, Health Care, Social Services, Housing and Civil Legal provisions and are estimated at £5.5 billion per year.

1.7 1 in 5 high-risk victims report attending Accident and Emergency (A&E) Departments as a result of their injuries, often preceding access to additional services to get effective help.

1.8 As well as short term injuries, victims of abuse suffer long-term physical health consequences. Health conditions associated with abuse include asthma, bladder and kidney infections, cardiovascular disease, fibromyalgia, chronic pain syndromes, central nervous system disorders, gastrointestinal disorders and migraines/headaches. Domestic Abuse often leaves victims with reproductive consequences too, including gynaecological disorders, sexually transmitted infections and pregnancy difficulties including pre-term labour and delivery.

1.9 Around a fifth (18%) of children in domestic abuse households are injured as a result of the abuse. Almost half (40%) of high-risk victims report having mental health issues; 16% of victims report that they have considered or attempted suicide as a result of the abuse with 13% reporting self-harm.

1.10 Domestic Abuse has significant psychological consequences for victims including anxiety, depression, suicidal behaviour, low self-esteem, inability to trust others, flashbacks, sleep disturbances and emotional detachment. Domestic Abuse victims are at risk of post-traumatic stress disorder (PTSD) with as many as two-thirds of victims of abuse (64%) developing PTSD in one study, with 30-60% of psychiatric in-patients having experienced severe domestic abuse.

1.11 Victims of domestic abuse accessing hospital services are often in the immediate aftermath of a crisis; severe physical assault, drug/alcohol related medical needs, attempted suicide or self-harm. The risk of immediate harm must be reduced particularly when hospital discharge is imminent as reports highlight that half of victims identified within hospital settings will remain in a relationship with the perpetrator therefore face additional risk upon discharge home following short-term emergency presentation or inpatient stay.

1.12 WWLTH has Health Independent Domestic and Sexual Violence Advisors (HIDSVA) working within the Organisation. The HIDSVA supports patients, service users and staff in relation to recognition of and response to domestic abuse, management of risk via safety planning whilst supporting holistic care delivery and assisting in the co-ordination of multi-agency responses to Domestic Abuse through effective contribution to Wigan Multi-Agency Risk Assessment Conferences (MARAC).

2 THE ROLE OF THE HEALTH INDEPENDENT DOMESTIC VIOLENCE SEXUAL VIOLENCE ADVISOR (HIDSVA)

2.1 The HIDSVAs are based at the Royal Albert Edward Infirmary as part of the Think Family Safeguarding Service and are employed to support WWLTH Services across all Trust sites, divisions and service areas.

2.2 The HIDSVA role within WWLTH is to provide a high-quality front line Domestic Abuse and Sexual Violence advisory and advocacy service within the Acute and Community setting available to all patients, service users and staff members.

2.3 The aim of the HIDSVA is to reduce the risk of further harm or domestic homicide by linking with individuals and families to access and engage with longer-term community-based support. HIDSVAs can provide 'point of Care' support and advice within all WWLTH settings to identified victims of domestic abuse.

2.4 HIDSVAs are available to deliver expert training to WWLTH staff so build the confidence required to enquire about domestic abuse further assessing risk utilising the **Safe Lives – Domestic Abuse Stalking and Harassment (DASH) Risk Assessment Tool** (*Appendix 3*) available on the WWLTH intranet. HIDSVA scope of practice is to ensure that staff are fully aware of their roles and responsibilities in relation to recognising Domestic Abuse and referring to the HIDSVA service or appropriate multi-agency partners as required.

2.5 HIDSVAs provide practical support, empathy and understanding; the safety needs of the client are paramount in the first instance, as well as ensuring longer term community support. The HIDSVA may liaise with the police regarding bail conditions/remand of the alleged perpetrator, provide support around criminal and civil remedies (including arranging/attending pre-trial visits, supporting at court, accompanying to solicitor appointments and ensuring that the service user is kept up to date with all proceedings), engage with housing and refuge providers, work with community and hospital-based mental health/drug/alcohol services or communicate with adult and/or children's social care when required.

2.6 When an individual is assessed as being 'high risk' the HIDSVA will ensure that the victim is referred to the MARAC. They will act as an advocate for the client within a multi-agency context, supporting the client to be safe whilst working with longer terms provisions such as community/voluntary outreach services. HIDSVAs participate MARAC influencing and inputting into plans to keep victims safe by ensuring effective, timely communication within meetings and to relevant professionals involved in further supporting victims and families subsequent to the conference.

2.7 The HIDSVA Service contributes to a culture at WWLTH that enables others to consider interventions and responses that are best able to support of victims of domestic abuse.

2.8 Within health settings, especially the Emergency Village, Domestic Abuse Training should be embedded and as such is a core aspect of the HIDSVA role. Training should be delivered in multiple forms for example within regular mandatory safeguarding training, drop-in sessions, workshops, staff inductions and focused forums. The content will vary, but may include the dynamics of Domestic Abuse, Stages of Change, the relationship between Domestic Abuse and Complex Needs (drug and alcohol, mental health, disabilities, age, pregnancy), medical signs and symptoms of Domestic Abuse, Routine Enquiry - effectively asking about abuse and responding to disclosures (*Appendix 4*), risk management and referral, and the MARAC process. It is advised that training also includes Information Sharing and Confidentiality and guidance for high-risk cases or cases where there are wider Adult or Child safeguarding concerns. Effective training will translate into confident staff who feel able to ask patients and service users about Domestic Abuse safely and will also typically results in staff being able to safely disclose if they are victims of domestic abuse

3 HIDSVA REFERRAL PROCESS

3.1 For referrals to the HIDVSA service an online Domestic and Sexual Abuse Referral Form can be found via the Safeguarding Tile on WWLTH IT system (Intranet) and is accessible to both Acute and Community Staff and Services within WWLTH. Consent for referral to the HIDSVA Service should be sought from the outset where possible.

3.2 For A&E/Acute Wards and Community settings please see attached referral flowchart and guidance *(Appendices 1 & 2).* Circumstances will dictate if referral to Local Authority Adult Safeguarding, the Police or completion of CAADA-DASH (DASH Form) is required.

3.3 An acknowledgement to the online HIDSVA referral will be sent to the email address provided by the referrer upon receipt into the dedicated secure Safeguarding Service Inbox.

3.4 The HIDSVA referral will be uploaded onto patient records, either HIS or SystmOne, following receipt and documentation by the HIDVSA service to acknowledge the referral content and response will be recorded in patient records. Attempted contact will be made with the victim within 72 hours of referral received.

3.5 In the event that a practitioner has received no feedback following referral or there is a lack of recording within the relevant patient record to provide assurance of acknowledgement or intervention, a follow up phone call should be made to the HIDSVA service. This will reduce the risk of any missed referrals and reflects individual professional responsibility and accountability expected following any referral made to another service or agency.

3.6 If contact with the victim/service user cannot be made, the referrer will be alerted by the HIDSVA or WWLTH Think Family Safeguarding Service Practitioner. Additional referrals to external agencies as appropriate to ensure safety will be undertaken by the HIDVSA service with further communication completed and documented in HIS/SystmOne to update the referrer/caseload holder.

3.7 All interventions by the HIDVSA service will be documented on WWLTH patient records (HIS/SystmOne) and saved securely. The HIDSVA service is unable to document on Maternity Service records (Euroking) however details of referral, contact and intervention will be accessible via HIS/SystmOne records, and a feedback form will be sent to referring midwives, and GP practices not on HIS/ SystmOne records.

3.8 In the event that IT systems fail, and Intranet referral cannot be progressed, telephone referrals are advised. The process following a telephone referral remains the same in relation to documentation in patient records and time frame to contact the victim/service user. In emergency situations, such as a presentation at A&E requiring immediate HIDSVA response, the process of telephone contact by practitioner to the HIDSVA service remains unchanged and in place.

3.9 Professional judgement, as per any referral process, underpins the actions required by the referrer and will drive the necessary interventions to maintain safety of the victim whether they be in an acute inpatient environment or accessing community services. The HIDSVA referral service is to initiate the intervention of the HIDSVA within the context of the provision offered and should be done so with the consent of the victim in the main.

4 HUMAN RIGHTS ACT

Implications of the Human Rights Act have been considered in the formulation of this document and they have, where appropriate, been fully reflected in its wording.

5 INCLUSION AND DIVERSITY

This document has been assessed against the Equality Impact Assessment Form from the Trust's Equality Impact Assessment Guidance and as far as we are aware there is no impact on any protected characteristics.

6 MONITORING AND REVIEW

Service users of WWLFT suspected of being victims or potential victims of domestic violence/sexual violence, will be reported to the HIDSVA via the online IDSVA referral form (available on the intranet) or telephone contact; these numbers will be included within The WWL think family safeguarding service data and outcomes will be monitored by the Trusts Safeguarding Committee and Wigan Clinical Commissioning Group as part of the routine monitoring and assurance process**.**

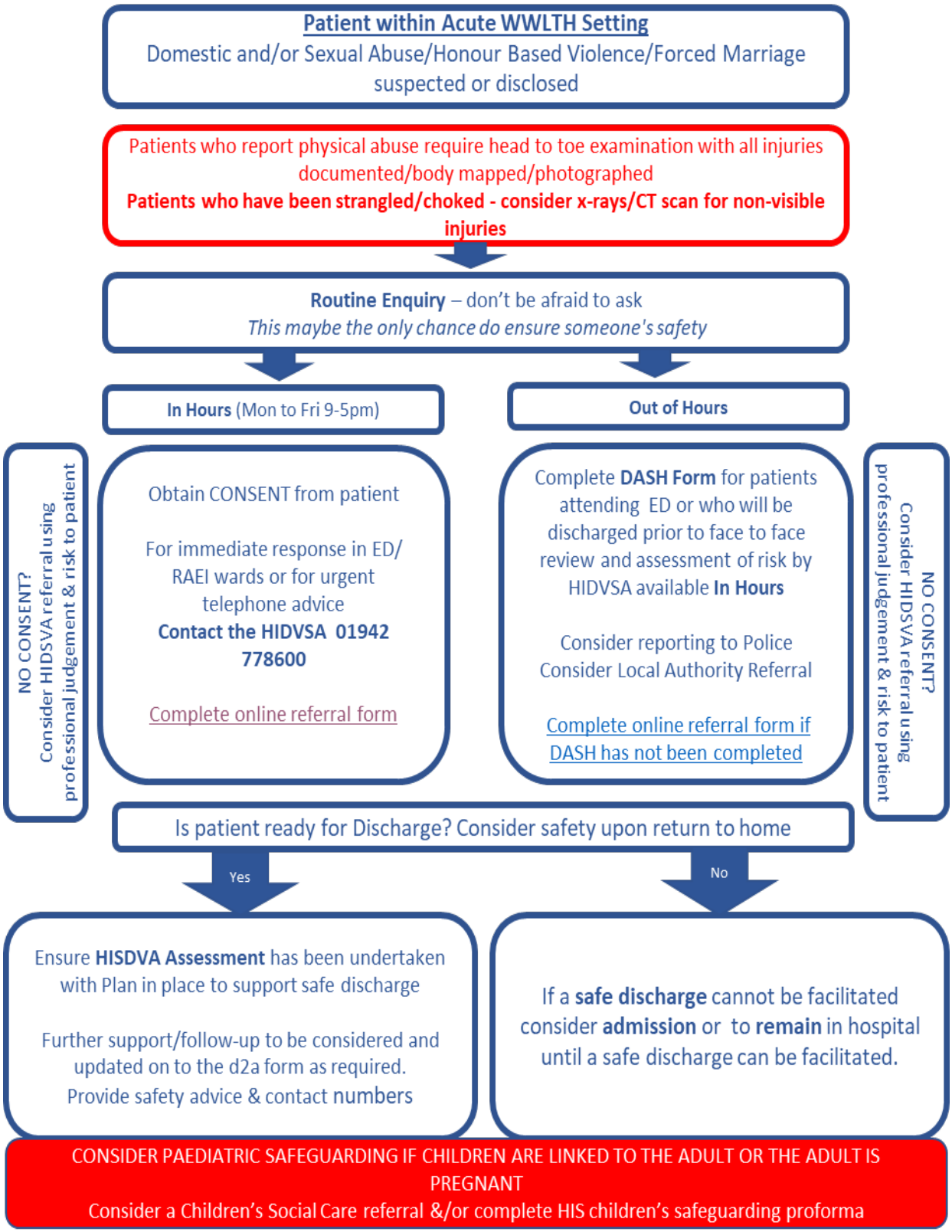
7 ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats e.g., large print, Braille, and audio cd.

For more details, please contact the HR Department on 01942 773766 or email equalityanddiversity@wwl.nhs.uk

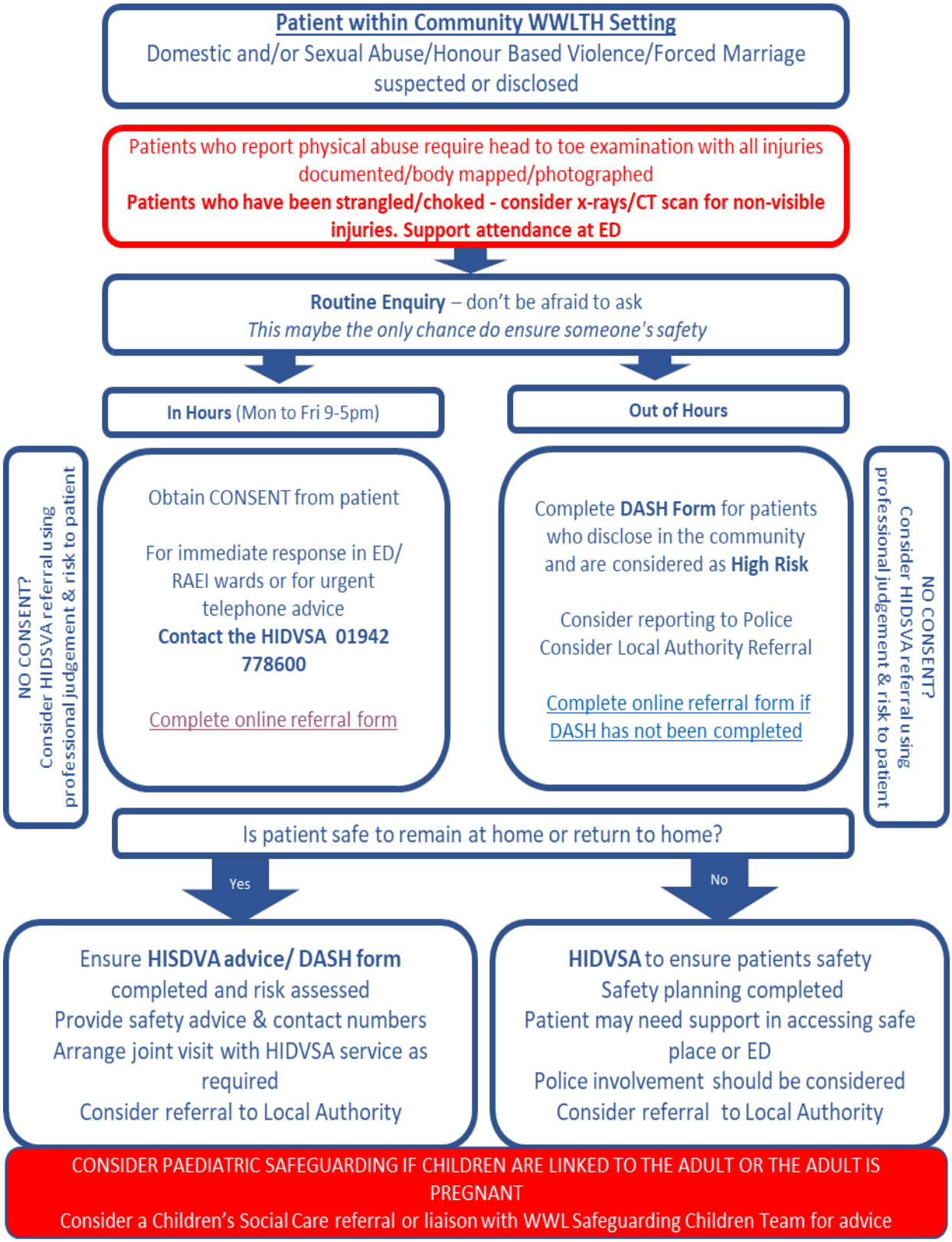
Appendix 1

Flowchart following identification or disclosure of Domestic Abuse within WWLTH Acute Settings



Appendix 2

Flowchart following identification or disclosure of Domestic Abuse within WWLTH Community Settings



Appendix 3

WIGAN CAADA DASH FORM

https://intranet.wwl.nhs.uk/extranet/widget/resources/download/2022-6374b526c4f8b0.43451065

MARAC Referral v.2 2021.docx

Appendix 4

Routine Enquiry Overview

The following questions need to be asked with the person when they are alone in a safe/private environment taking language and communication barriers into consideration.
1. Are you ever afraid of your partner/ family member/anyone else you are, or have been in an intimate relationship with? 2. Has anyone at home hit, kicked, punched, or otherwise hurt you? 3. Has anyone at home often put you down, humiliated you or tried to control what you can do? 4. Has anyone at home threatened to hurt you? **If yes** to any of the above questions follow WWLTH Domestic Abuse Processes including Referral to HIDSVA Service

Equality Impact Assessment Form

Appendix 5

STAGE 1 - INITIAL ASSESSMENT

For each of the protected characteristics listed answer the questions below using **Y** to indicate Yes and **N** to indicate No	**Sex** (male/female/transgender)	**Age** (18 years+)	**Race/Ethnicity**	**Disability** (hearing/visual/physical / learning disability / mental health)	**Religion/Belief**	**Sexual Orientation** (Gay/Lesbian/ Bisexual)	**Gender Re-Assignment**	**Marriage/Civil Partnership**	**Pregnancy & Maternity**	**Carers**	**Other Group**	**List Negative/Positive Impacts Below**
Does the policy have the potential to affect individuals or communities differently in a negative way?	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	
Is there potential for the policy to promote equality of opportunity for all/promote good relations with different groups – Have a positive impact on individuals and communities.	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	
In relation to each protected characteristic, are there any areas where you are unsure about the impact and more information is needed?	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**N**	**If Yes**: Please state how you are going to gather this information.

Job Title	Named Nurse Safeguarding Adults			**Date**	May 2023

IF 'YES an NEGATIVE IMPACT' IS IDENTIFIED - A Full Equality Impact Assessment STAGE 2 Form must be completed. This can be accessed via http://intranet/Departments/Equality_Diversity/Equality_Impact_Assessment_Guidance.asp

Please note: As a member of Trust staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete an Equality Impact Assessment. By stating that you have NOT identified a negative impact, you are agreeing that the organisation has NOT discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in Equality Legislation.

Appendix 6

POLICY MONITORING AND REVIEW ARRANGEMENTS

Para	Audit/Monitoring requirement	Method of Audit/Monitoring	Responsible person	Frequency of Audit	Monitoring committee	Type of Evidence	Location where evidence is held
	Monthly review of referral data and compliance with process	Review of referral data per area/service presented to SEG Annual Audit of referral process	Named Nurse Safeguarding Adults	Monthly data audit Annually comprehensive compliance audit	SEG	Monthly/quarterly data report Audit presentation	Think Family Safeguarding Service U Drive/Corporate Nursing