



“Ask and Act” - Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) Policy

Policy Number:	592	Supersedes:		Classification	Clinical
Version No	Date of EqlA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V1		Clinical Written Control Documentation Group	9.7.2019	10.7.2019	9.7.2022

Brief Summary of Document:	To provide a clear guidance to all staff in relation to the Welsh Government National Training Framework “Ask and Act” (Welsh Government 2016) issued as statutory guidance Under the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
Scope:	This policy is relevant to all staff working in Hywel Dda University Health Board
To be read in conjunction with:	All Wales Child Protection Procedures, 2008 Safeguarding Children: Working Together Under the Children Act, 2004 Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 311 - Violence Against Women, Domestic Abuse and Sexual Violence Workplace Policy CWMPAS (Mid and West Wales Adult Safeguarding Board) Regional Threshold document 2018.

Owning Committee	Strategic Safeguarding Sub Committee Director of Nursing, Quality and Patient Services
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Executive Director:	Mandy Rayani	Job Title	Director of Nursing, Quality and Patient Services
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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	9.7.2019

Glossary of terms

Term	Definition
Health Board	Hywel Dda University Health Board
FGM	Female Genital Mutilation
NICE	National Institute for Health and Care Excellence
DASH/ RIC	Domestic Abuse, Stalking and Honour Based Violence Risk Checklist
IDVA	Independent Domestic Violence Advocate
MARAC	Multi agency Risk Assessment Conference
VAWDASV	Violence Against Women, Domestic Abuse and Sexual Violence

Keywords	Domestic Abuse, sexual violence, 'Ask and Act', Safeguarding,
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1. INTRODUCTION

The Health Board is committed to the health and wellbeing of its patients and staff and recognises that domestic abuse is a crime, which adversely affects the health of individuals, families and communities. Identifying abuse and/or violence at an early stage can be an effective measure in preventing an escalation in severity and frequency, and can assist to ensure appropriate and timely support is provided. Taking a responsive and enabling approach is fundamental in encouraging adults who are experiencing violence, threats, intimidation, and other abuse to disclose.

The Home Office, 2013 defines domestic abuse as

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

- *psychological*
- *physical*
- *sexual*
- *financial*
- *emotional*

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

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

*This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

It is important that relevant staff working within the Health Board, are able to recognise potential indicators of such violence and abuse and take appropriate action when they make these observations and offer simple and effective referral options to patients.

“Ask and Act” is Welsh Government guidance of targeted enquiry to be practised across all public services for violence against women, abuse and sexual violence. This policy outlines the commitment of the Health Board to the Violence against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015. Health Board professionals will be able to identify violence against women, domestic abuse and sexual violence, and be confident to ask about

these issues in a private setting and to ensure an appropriate response and referral.

The process of “Ask and Act” must be implemented within a culture and environment where the confidentiality, privacy and data of victims is respected and treated carefully”

NICE guidance on domestic abuse will continue to be followed by the Health Board throughout this process, however this guidance aims to go further to standardise the national response to violence against women, domestic abuse and sexual violence from all agencies. It aims to ensure the quality of training and the professional response to support all victims of domestic abuse is consistent throughout Wales.

2. POLICY STATEMENT

The Health Board will implement ‘Ask and Act’ by applying the following principles.

- Promote awareness of violence against women, domestic abuse and sexual violence and promote working practices which will increase identification and improve the response to those experiencing violence against women, domestic abuse and sexual violence
- Work in partnership with other statutory agencies and voluntary organisations within Wales and other areas as required.
- Fulfil its obligations in relation to the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

3. SCOPE

This policy and the principles apply to employees in all settings across the Health Board.

4. AIM

The aim of this policy is to provide clear guidance to all employees in relation to “Ask and Act” when they identify violence against women, domestic abuse and sexual violence.

5. OBJECTIVES

The objectives of this policy are as follows.

- To increase identification of those experiencing violence against women, domestic abuse and sexual violence
- Recognise that older people are also victims of domestic abuse
- To offer referrals and interventions for those identified which provide specialist support based on the risk and need of the victim
- To create a culture across the Health Board where addressing violence against women, domestic abuse and sexual violence is an accepted area of business and where disclosure is expected, supported, accepted and facilitated

- To improve the response to those who experience violence against women, domestic abuse and sexual violence with other complex needs such as substance misuse and mental health
- To pro-actively engage with those who are vulnerable and hidden, at the earliest opportunity, rather than only reactively engaging with those who are in crisis or at imminent risk of serious harm

“Ask and Act” will ensure that the Health Board works towards these objectives and delivers against the four key principles set in the Welsh Government (2016) document “The National Training Framework on violence against women, domestic abuse and sexual violence- Statutory guidance under section 15 of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 and section 60 of the Government of Wales Act 2006”

- Culture and leadership - a working culture which acknowledges “Ask and Act” as core to the organisational purpose
- Clarity and confidence - a well-equipped workforce; confident and accountable, supported by clear policies and procedures.
- Recognition and response- an organisationally tailored process which involves recognition, targeted enquiry and intervention to those who are experiencing violence against women, domestic abuse and sexual violence
- Follow up and monitoring, strategic oversight and evaluation of a process which maps disclosure to population and uses local data and collaboration to further develop

6. STAFF TRAINING

6.1. National Training Framework for “Ask and Act”

Within the healthcare setting, Groups 1, 2, 3 and 6 of the National Training Framework promote a consistent standard of care for those who experience violence against women, domestic abuse and sexual violence. (Group 4 and Group 5 training is applicable only to specialist domestic abuse services).

Training requirements are dependent on the employee’s role and responsibility.

Group 1

All staff within The Health Board are required to complete the 45 minute online Group 1 “Ask and Act” training located on ESR learning.

All staff are required to complete refresher training every 3 years

Group 2

Health Board staff who have face to face contact with service users or who support or manage employees will receive Group 2 training. Staff required to complete Group 2 training will be at the manager’s discretion.

The aim of the training is to support the learner to:

- Recognise indicators of violence against women, domestic abuse and sexual violence
- Respond appropriately to unprompted disclosure
- Ask appropriate questions
- Respond effectively to the answer.

Staff members in this group require refresher training every 2 years.

Group 3

Group 3 training will be provided to staff who wish to adopt a champion role within the working environment. Contact details of staff trained to Group 3 will be available to support staff who have queries related to “Ask and Act” or related concerns about a patient.

Staff members in this group require refresher training every 2 years.

Group 6

Group 6 of the National Training Framework is the responsibility of Welsh Government and is aimed at Senior Leaders of public services. The content delivered to group 6 of the Framework will evolve depending on strategic priorities and identified implementation challenges.

This training will be taken forward in two work streams.

- 1) A Strategic Engagement Plan
- 2) The Strengthening Leadership Series

1) A Strategic Engagement Plan

The Strategic Engagement Plan will involve direct intervention to engage public service leadership and gain commitment to particular courses of action, to raise awareness and to inform on policy and legislative updates.

The Strategic Engagement Plan consists of a timetable of relevant events which are aimed at public service Leadership, which already influence strategy and direction and which Leadership already engage with.

2) The Strengthening Leadership Series

This series has been published to support the messages disseminated through the Strategic Engagement Plan. The series will share the expertise of the specialist sector, provide implementation guidance on Welsh Government policy and direct information from the Minister to offer regular communication on violence against women, domestic abuse and sexual violence issues.

This series will contain content presented through a variety of formats, designed for quick access and maximum engagement. These formats may include: Video clips, webinars, briefings and live streaming.

7. RISK IDENTIFICATION AND ASSESSMENT

Health Board staff will be expected to make an assessment of immediate risk or likelihood of serious harm based on their observations and discussions with a patient.

This includes consideration of:

- Whether the person who has disclosed is at immediate risk of harm
- Whether there is an immediate threat to the life of the person who has disclosed
- Whether there is a strong possibility that they are at risk of serious immediate harm

Should a Health Board staff member consider that the information provided to them demonstrates that the patient is in immediate danger they are expected to follow the current Health Board's safeguarding procedures. This may involve contacting the police on 999 and initiating child protection/adult safeguarding procedures. Senior management and advice from the Safeguarding team should be sought.

The "Ask and Act" Referral Pathway requires the completion of the DASH/ RIC (Domestic Abuse, Stalking and Honour Based Violence Risk Checklist) to assess if the patient (the victim) is at moderate or high risk of harm. The accompanying guidance on the DASH/RIC assessment details the recommended referral criteria. The DASH/RIC and accompanying MARAC referral form can be found on the Safeguarding Team's Intranet page.

This page also contains guidance on safeguarding older people and domestic abuse and a link to a DASH/RIC specific to older people.

All high risk victims must be referred to a Multiagency Risk Assessment Conference (MARAC) within 48 hours. This referral will initiate timely contact with an Independent Domestic Violence Advocate (IDVA). The IDVA will further assess the patient's (the victim) level of risk, discuss the range of suitable options and develop safety plans.

The MARAC referral form is available on the Health Board Intranet within The Safeguarding pages. Completed MARAC referral forms must be sent to MARAC via the Safeguarding team. Referrals must be emailed to: - SafeguardingChildren.hdd@wales.nhs.uk

Victims who are considered to be of moderate/standard risk **MUST** be offered the Live Fear free helpline number - Tel **0808 80 10 800**.

8. “ASK AND ACT” AND STATUTORY SAFEGUARDING PROCESSES

“Ask and Act” is a form of targeted rather than routine enquiry. Targeted enquiry involves relevant professionals applying a “low threshold for asking” whether the patient is experiencing domestic abuse when the patient presents with certain indicators of abuse. “Indicators” are used to describe the signs, symptoms, cues or situations through which violence against women, domestic abuse and sexual violence may be identified.

To “Ask and Act” requires listening skills, an ability to respond calmly and empathically to a client who may be distressed and a basic knowledge of local services accessed via agreed referral pathways (Appendix 2).

For those health professionals who work with a patient group, where these skills have been taught as part of pre-qualifying education and honed through patient relationships, completing the actions required by a process of “Ask and Act” should not differ greatly from those already undertaken in their professional roles.

8.1. “Ask and Act” Referral Pathway

Meeting the aims of “Ask and Act” does not require that Health Board staff become “experts” in violence against women, domestic abuse and sexual violence. The aim is that staff are able to identify indicators and to sensitively ask the question.

When disclosure of violence against women, domestic abuse and sexual violence is given, staff should follow the “Ask and Act” Referral Pathway (Appendix 2)

8.2. The Social Services and Well-being (Wales) Act 2014

The Social Services and Well-being (Wales) Act 2014 strengthens safeguards through the introduction of a new duty to report to the Local Authority someone who fits the legal definition of an ‘Adult at Risk’ as defined by the Act when there is reasonable cause to suspect that the adult is experiencing or is at risk of abuse or neglect. The Act defines children and adults “at risk” and introduces a duty on relevant partners to report suspicions to the Local Authority.

8.3. Safeguarding Children

The Health Board recognises the serious and adverse effects that violence against women, domestic abuse and sexual violence has on children both as direct victims and witnesses.

The Health Board acknowledges its safeguarding responsibilities and these are not affected by the implementation of “Ask and Act”.

In all cases where violence against women, domestic abuse and sexual violence is identified and there are children in the family, the All Wales Child Protection Procedures (2008) must be followed. All referrals must be documented and followed up in writing using relevant referral documentation. These referrals must be made in addition to any referrals offered as part of “Ask and Act”.

8.4. Safeguarding Adults

The CWMPAS Regional Threshold Guidance Document (2018) MUST be followed in instances where the victim is considered an 'Adult at Risk' as defined by the Social Services and Well-being (Wales) Act 2014.

8.5. Information sharing

The process of "Ask and Act" will inevitably lead to disclosures of personal and sensitive information which will lead staff to decide whether this information can be shared. The Health Board is a signatory of the Mid and West Wales Information Sharing Protocol along with the Police and Social Services.

Under the Data Protection Act (2018) (DPA) which incorporates the General Data Protection Regulations (2016) the Health Board is legally able to share data with police if there is a threat to the life (vital interests) of the patient or for the prevention or detection of crime under schedule 2 (1) (2) of the DPA, without the consent of the patient against whom the offence has been committed. The professional must make a judgement on whether informing the police is the correct course of action based on each individual situation. Good practice would require the professional to inform the patient/client that they will be referring to the police. If disclosing without consent, the reasons for disclosure need to be clearly documented in the records. Advice on information sharing can be sought from the Health Board's Safeguarding Adult and Children Teams.

9. AUDIT

The Health Board will use existing methods of data collection and seek additional data collection methods to aid the evaluation of "Ask and Act". Evaluation of the effectiveness of Ask and Act within the health Board will be reported to and monitored by Strategic Safeguarding Sub Committee.

National indicators for VAWDASV are in development. The Health Board will participate in multi-agency data collection and the work of the Regional VAWDASV Steering Group.

10. RESPONSIBILITIES

10.1. Chief Executive

The Chief Executive of Hywel Dda University Health Board has the ultimate responsibility for the safeguarding and promoting of the welfare of children, young people and adults within the organisation. This ensures that Hywel Dda University Health Board is compliant with its statutory requirement to safeguard and protect under the Children Act (2004); Social Services and Well Being (Wales) Act 2014; Violence Against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015.

10.2. Director of Nursing, Quality and Patient Experience

The Director of Nursing, Quality and Patient Experience is the Executive Director with delegated responsibility for safeguarding supported by the Assistant Director of Nursing for Assurance and Safeguarding.

10.3. **Head of Safeguarding (Named Nurse)**

Is responsible for ensuring this policy and associated documentation are reviewed and updated in line with future guidance.

10.4. **Corporate Safeguarding Team**

Members of the Health Board Safeguarding Team will support staff in all aspects of safeguarding, providing support and advice through a single point of contact; monitoring activity and outcomes and providing assurance to the Health Board Strategic Safeguarding Sub Committee and CYSUR (Regional Safeguarding Children Board) and CWMPAS (Regional Safeguarding Adult Board).

10.5. **Line Managers**

Line managers are responsible for ensuring all staff understand this policy and other related policies and that all staff has undertaken the appropriate level of training for their role. All new staff to Health Board will be informed how they can access this policy during their induction programme.

Health Board managers also have a duty to ensure their staff fulfil their statutory responsibilities to safeguard and promote the welfare of children and adults at risk of abuse and neglect.

It is acknowledged that some staff will experience Vicarious Trauma as a result of working with victims of abuse. The implementation of "Ask and Act" may increase the likelihood of this. It is important that senior managers are aware of this risk as the Health Board has a responsibility to limit the impact of this difficult work for staff.

Staff are encouraged to access additional support from the Health Board's Well-Being Service.

Further guidance is also available in the Health Board's Policy 311 - Violence against Women, Domestic Abuse and Sexual Violence Workplace Policy.

10.6. **All staff**

All Health Board employees are accountable for their own practice and must be aware of the legal and professional responsibilities relating to their role.

All staff within Health Board must be familiar with the procedures detailed in this document and other related policies. This will be assured through induction, supervision and appraisal.

All staff who receive a disclosure of domestic abuse or sexual violence must follow this policy.

All staff must act in the best interests of the patient (victim) and any children involved. A child's welfare is paramount. The Social Services Well-Being Act 2014 places a statutory responsibility for professionals to refer an adult/

child who is at risk.

11. REFERENCES

All Wales Child Protection Procedures (2008)

Children Act (2004)

CWMPAS (2018) - Mid and West Wales Adult Safeguarding Board
Regional Threshold Guidance Document

Data protection Act (2018) available at: -

http://www.legislation.gov.uk/ukpga/2018/12/pdfs/ukpga_20180012_en.pdf

Home Office (2017) Forced marriage Unit statistics 2017 available at: -

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730155/2017_FMU_statistics_FINAL.pdf

Macfarlane, A. & Dorkenoo, E. (2015) Prevalence of FGM in England and Wales: National and local estimates. London: City of London University and Equality Now.

NICE (2014) Domestic abuse and multiagency working (PH50) available at

<http://www.nice.org.uk/guidance/ph50>

NICE (2016) Domestic violence and abuse (Quality Standard 116) available at

<https://www.nice.org.uk/guidance/qs116>

Safeguarding Children: Working Together Under the Children Act (2004) Welsh Assembly Government, (2006)

Social services and Well-being (Wales) Act (2014)

Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act (2015)

http://www.legislation.gov.uk/anaw/2015/3/pdfs/anaw_20150003_en.pdf

Welsh Government (2016) The National Training Framework on violence against women, domestic abuse and sexual violence.

<https://gov.wales/docs/livefearfree/171129-ask-and-act-role-frontline-practitioner-en.pdf>

12. APPENDIX 1 - INDICATORS OF VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE AND SEXUAL VIOLENCE

Signs: The potential outward and physical signs someone is experiencing violence against women, domestic abuse and sexual violence e.g. changes in behaviour, anxiety, depression, fatigue, substance use/misuse, unexplained injuries, reliance on partner for decision making, lack of free will, constant accompaniment by partner, obsession with time keeping, secretive regarding home life, social isolation from family and friends.

Settings: Evidence suggests routine enquiry is appropriate and considered good practice in the following settings midwifery, health visiting and mental health.

Midwifery and Health Visiting

- 30% of domestic violence starts in pregnancy and is associated with low birth weight and pregnancy complications including miscarriage and still birth

Mental Health

- The risk of developing depression, PTSD, substance abuse or becoming suicidal is 3 to 5 times higher for women who have experienced violence in their relationships

Links to Safeguarding Children

- Nearly 75% of children on the Child Protection Register live in households where there is domestic abuse
- 62% of children exposed to domestic abuse are also directly harmed

Symptoms: of abuse or of associated impacts (such as anxiety, depression, alcohol or substance abuse, self-harm, suicide attempts, unexplained chronic pain, eating disorders, repeated health consultations with no clear diagnosis, intrusive partner in consultations, tiredness)

Cues: The presence of some other information which suggest the experience of abuse or a pattern of behaviour which merits enquiry. This might include information provided by a partner agency. To "Ask and Act" is not to interrogate, but where a cue is observed or received a professional should make appropriate enquiries.

13. APPENDIX 2 “ASK AND ACT”: VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE AND SEXUAL VIOLENCE PATHWAY

Attach Patient ID label

(VAWDASV) Pathway

Contact Police Emergency Services (999) if you have serious concern regarding immediate patient safety

Tick boxes as appropriate and insert in patient record.

VAWDASV disclosed

Ask the patient the following questions:	Yes	No
Are the patient and perpetrator currently having any contact?		
Has VAWDASV occurred in past 12 months?		
Is the patient concerned for her/his safety?		

No to all 3 questions		
No current risk to safety. Live Fear Free Helpline number given: 0808 80 10 800	Yes	No

Yes – to any of the above

DASH RIC to be completed by either:	Yes	No
Health Professional (preferable)		
Verbal consent for patient to speak to Live Fear Free Helpline: 0808 80 10 800 For completion of DASH / RIC / and / or for advice and support while in department		

Are there children under 18 or adults 'at risk' who:	Yes	No	If yes follow the Local safeguarding procedures
Live at the property?			
Have significant contact with the patient or perpetrator?			

When DASH RIC completed by Health Professional		
Standard and Medium Risk (DASH RIC score less than 14)		
Live Fear Free Helpline number to be given - Tel 0808 10 800		
Completed DASH RIC referral form will be sent to the HDUHB Safeguarding Team (verbal consent given)		

High Risk if one box ticked	Yes	No
DASH RIC score is 14 or more		
You are aware of 3 or more incidents in the past 12 months		
Professional judgment (essential to record your reason for MARAC referral)		

DASH RIC and completed MARAC form completed by HDUHB Health Professional to be emailed to:

SafeguardingChildren.hdd@wales.nhs.uk

Safeguarding Team will forward to the:

- MARAC Coordinator Dyfed Powys Police.

HEALTH PROFESSIONAL NAME:

SIGNATURE:

DEPARTMENT:

DATE:

Database No:

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Version

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Ask & Act Policy

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