University Hospitals Tees

Select Committee Scrutiny Briefing- 25th September 2025

How do maternity staff identify at-risk individuals / families? How confident do they feel about spotting signs of domestic abuse?

All our midwives undertake routine enquiry into domestic abuse and ask patients if they are currently experiencing domestic abuse. This is evidence based to encourage people to disclose in a safe space.
There is a Trust safeguarding team including safeguarding midwives and an Independent Domestic Violence Advocate (IDVA) available to support staff, patients and their families. They safeguarding midwives provide regular supervision to hospital and community maternity staff.

Are maternity staff aware of how to report domestic abuse? How does the Trust promote reporting routes?

The Trust safeguarding team is well recognised across the organisation and staff are made aware of how to contact from the point of induction through every training level and through the trust intranet and bulletins. As well as this there are posters of how to contact both the team and the IDVA within wards and departments.

Who / what is the responsible person / role within your organisation regarding written safeguarding policies / training / submitting referrals?

Whilst the executive leadership sits with the Group Chief Nursing Officer, the Group Associate Director – Safeguarding has overall responsibility for safeguarding policy and practice and ensuring standards and availability of training delivery. The Trust promotes a “safeguarding is everyone’s business,” principle however and it is expected that each staff member is responsible for ensuring their own mandatory training completion, monitored through appraisal. Collective compliance data is provided to each senior manager within clinical areas.

Data on the number of domestic abuse-related referrals made by maternity services.

The data below represents a comparison between referral data before and after the IDVA post was installed which demonstrates the increase in victims receiving support.

Received 01/04/2018 – 31/03/2020 with the category of referrer "Hospital" (2 year period **before the IDVA post**).

Location	**Number of referrals**
Stockton	39
Hartlepool	58
Middlesbrough	13

Of those clients this is the number of people who then went on to attend an assessment with Harbour. **This is over a 2 year period.**

Location	Number of clients who attended an Assessment and received support/safety advice and planning.
Stockton	3
Hartlepool	2
Middlesbrough	2

Since the Hospital IDVA has been in post, the number of referrals from the Hospital to the IDVA/harbour over the most recent 2 year period is as follows.

Location	**Number of referrals**
Hartlepool and Stockton	277
Middlesbrough	218

How are staff supported in relation to domestic abuse (e.g. training course options and any available date on the uptake of these)?

Staff are trained in accordance with the Intercollegiate Documents (https://www.rcn.org.uk/Professional-Development/publications/pub-007366, https://www.rcn.org.uk/Professional-Development/publications/rcn-adult-safeguarding-roles-and-competencies-for-health-care-staff-011-256) which includes how to make an adult/child referral.

Guidance on MARAC is available within policy for both sites however the IDVA is also available to support with these.

External training offered by our partners is also available and shared via our bulletins and internal systems.

Views on the Hospital Independent Domestic Violence Advocate (IDVA) (e.g. visibility, working with Trust staff, effectiveness).

Through client outcomes and data collected, Harbour have gathered evidence that the IDVA service is creating opportunities for survivors to safely disclose abuse and access tailored support. Case studies highlight both the direct engagement between clients and the Hospital IDVAs, and the proactive steps taken to ensure survivors receive timely and effective interventions. Without this role, many clients may not have accessed specialist domestic abuse support.

There has been a marked increase in referrals from the hospital to the IDVA/Harbour service. Having the IDVA based on site has enhanced communication, encouraged patient engagement, and allowed for immediate safeguarding, signposting, and referrals. This also shows that hospital staff are becoming more confident and consistent in recognising victims of domestic abuse and referring them to the right support at the point of crisis.

If a patient does not wish to access ongoing support, each person referred still has the opportunity to engage with the IDVA on site for support and safety planning.

The Hospital IDVA role is vital in supporting clients who attend hospital and may be vulnerable or unaware that they are experiencing domestic abuse. The role not only raises awareness of domestic abuse but also enables engagement with specialist support services. By working closely with ward staff, the IDVA promotes knowledge and understanding of domestic abuse and strengthens responses to disclosures.

As the role is trauma-informed, the Hospital IDVA is able to respond quickly and effectively in an environment where staff are often extremely busy and may not have the capacity to provide in-depth support themselves. The IDVA delivers immediate safety advice and guidance to clients at the point of disclosure, ensuring timely intervention that may not otherwise be available.

The presence of an IDVA within the hospital increases access to support for clients who are harder to reach, thereby reducing risk and encouraging engagement with services. For example, elderly clients—who are often less likely to access external support—are more effectively engaged through the IDVA's consistent presence on wards and their ability to build trust through repeated contact.

Working with SBC and its partners with regards domestic abuse – how does this operate; is this effective; is there anything that could strengthen current arrangements?

There is strength in working across both safeguarding partnerships together with community safety in order to tackle some of the challenges related to DA as it straddles all three and affects all ages.
As a provider it is challenging working across multiple LA's, especially for children as the TSAB works well to encompass all.

Any views on key areas of future focus relating to this scrutiny topic (e.g. existing challenges that need to be addressed)?

Funding for domestic abuse within health settings as well as across partnerships is both limited and inconsistent. Also the allocation from central government does not reflect the needs of the area.
Our Trust IDVA post is at risk because OPCC funding ends in March '26.
IRIS in GP practices supports primary care with identification and seeking support for victims however this is not consistently funded.
MARAC is not statutory therefore it is harder for agencies to gain resource to support the process when other statutory duties take precedence.
Integration and unification of clinical records systems is required in order to facilitate better recognition and support for victims and better risk information sharing.