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Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes		
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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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1. SUMMARY

In line with the Care Act 2014 Domestic Violence and Abuse is classed as a type of abuse. Many people who experience this type of abuse do so in silence, many do not recognise that they are a 'victim' or that they are in danger. A misguided conception is that abuse is physical and many do not count coercive controlling behaviour as a contributing factor. Domestic Abuse is high on the government agenda with emphasis being on early detection and intervention to help stop the abuse which may lead on to homicide.

Staff need to be aware that adults living with abuse may, for whatever reason, decide that they will remain in that situation. Staff may feel that the decisions being made are unwise, but adults (if they have capacity) are allowed to make those decisions. In line with the Human Rights Act (1998) Section 8 they also have a right to a private life; however Employment Law also dictates that employers have a responsibility to their staff to ensure that their health and safety are controlled.

It is well documented that individuals who experience Domestic Abuse have increased health issues, poorer performance and attendance issues.

Domestic Abuse can happen to anyone, and in all kinds of relationships: heterosexual, gay, lesbian, bisexual and transgender. People experiencing Domestic Abuse regardless of their social group, class, age, race, disability, gender, sexual orientation or lifestyle. The abuse can begin at any time, in new relationships or after many years together. Everyone has the right to a life free from abuse in any form.

Domestic Abuse, as defined here, also takes account of issues such as forced marriages, female genital mutilation and 'honour based' violence.

The direct and indirect costs of Domestic Abuse on staff working in an NHS Trust will be wide ranging. It could have a direct effect on the quality of service provision.

2. PURPOSE

University Hospitals of Morecambe Bay Foundation Trust, (UHMBFT) is committed to heightening the awareness of Domestic Abuse, and providing guidance for employees and their managers to address the occurrence of Domestic Abuse and its effects on the workplace.

This policy is part of UHMBFT commitment to family friendly working, and seeks to benefit the welfare of individual members of staff; retain valued employees; improve morale and performance; and enhance the reputation of UHMBFT as an employer of choice.

The Trust acknowledges that while it is mainly women who experience Domestic Abuse this policy applies equally to men who need advice or support and acknowledges that Domestic Abuse can affect men and women in same-sex and heterosexual relationships and can often continue after a relationship has ended.

The Trust recognises that abuse is not always obvious or easy to recognise.

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In support of this, the Trust policy is that any employee who is experiencing, or has experienced Domestic Abuse can raise the issue, in the knowledge that the matter will be treated sensitively, effectively, sympathetically and confidentially.

This policy aims to ensure that all staff and managers are aware of the impact that domestic violence and abuse can have on an individual, a family or wider society, and that all staff know where to seek help and support if they or a colleague are affected by it.

The key principles of this policy are:

- For staff to recognise that Domestic Abuse is a serious social and criminal issue leading to significant human and financial consequence for individuals, families, communities and organisations.
- To raise staff awareness and to recognise that Domestic Abuse is prevalent in Cumbria and Lancashire and that employees of UHMBFT will be impacted by it.
- To develop effective responses that will help to reduce the volume and minimise the impact of abuse on UHMBFT Staff.
- To ensure that staff that are being or have been subjected to Domestic Abuse are believed, protected and supported at work whilst understanding that staff have a right to a private life and to make choices which may sometimes be deemed as unwise.
- To provide information on processes to undertake in order to assess the level of risk to those that are being abused and ways in which UHMBFT can maintain staff member's safety both at work and in their personal lives.
- To recognise that some staff members who make the choice to abuse others are perpetrators of Domestic Abuse and that their behaviour may bring a cause for concern in relation to other staff and patients alike and that this type of behaviour is not in keeping with the UHMBFT behavioural standards.
- This policy will indicate times when confidentiality cannot and should not be maintained in line with The Care Act 2014.

3. SCOPE

This policy applies to all UHMBFT staff including agency, bank staff, students and elected members.

4. POLICY

4.1 Definitions

The Home Office in 2017 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.

The United Kingdom (UK) Government has provided a statutory definition of Domestic

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Abuse which states that behaviour by a person (“A”) towards another person (“B”) is “Domestic Abuse” if:

- (a) A and B are each aged 16 or over and are personally connected, and
- (b) The behaviour is abusive.

Behaviour is defined as ‘abusive’ if it consists of any of the following:

- (a) Physical or sexual abuse.
- (b) Violent or threatening behaviour.
- (c) Controlling or coercive behaviour.
- (d) Economic abuse (see below).
- (e) Psychological, emotional or other abuse.

‘Economic Abuse’ means any behaviour that has a substantial adverse effect on B’s ability to:

- (a) acquire, use or maintain money or other property, or
 - (b) obtain goods or services.
- (Domestic Abuse Bill 2019).

Controlling behaviour is defined as: 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 defined as: 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.

Domestic Abuse often forms a pattern of abusive and controlling behaviour. It is rarely confined to a one-off incident and it usually escalates in frequency and severity over time – particularly if the victim tries to exercise their independence and challenges the perpetrator’s control. (Domestic Abuse resource for employers 2nd edition respect and refuge 2010).

4.2 Prevalence

The British Crime Survey estimates that more than one in four women and around one in six men will experience one or more incidents of Domestic Abuse at some point in their lives. With so many people affected by Domestic Abuse, there is a strong chance that both victims and perpetrators of Domestic Abuse may be working within your organisation.

The Crime Survey for England and Wales (CSEW) estimates that in the year ending March 2019 approximately 2.4 million adults in the UK experienced some form of Domestic Abuse (including partner/family non-physical abuse, threats, force, sexual assault or stalking); around 1.6 million women and 786,00 men.

The police recorded 746,219 Domestic Abuse-related crimes in the year ending March 2019, an increase of 24% from the previous year.

Domestic Abuse is often a hidden crime that is not reported. Statistics suggest over four in five victims (83%) did not report to police however, 71% did tell friends and family; it is

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therefore profoundly important that staff and colleagues are aware of signs and symptoms of Domestic Abuse.

4.3 Domestic Abuse in the Workplace

A report by the Cavell Nurses Trust in October 2019 found that nurses, midwives and associated health care professionals were over three times more likely to have experienced some form of Domestic Abuse in the last year compared to the general population (14% compared with 4.4% nationally). Approximately 1:10 staff reported non-physical harm, 1:7 experienced Domestic Abuse and 4.4% had been threatened with violence, weapons or murder. 42.5% of NHS staff are believed to have a physical or mental health condition lasting over 12 months – compared to 34% of the general population.

UHMBFT recognises that its employees will be amongst those affected by Domestic Abuse; for example as a survivor of Domestic Abuse, as an individual who is currently living with Domestic Abuse, as someone who has been impacted upon by Domestic Abuse or as an individual who perpetrates Domestic Abuse.

UHMBFT is committed to promoting a workplace culture in which there is zero tolerance for abuse and which recognises that the responsibility for Domestic Abuse lies with the perpetrator.

UHMBFT is committed to ensuring that any employee who is experiencing Domestic Abuse has the right to raise the issue with their employer in the knowledge that they will receive appropriate support and assistance. This may include:

- Confidential means for coming forward for help.
- Resource and referral information.
- Special considerations in the workplace for employee safety.
- Work schedule adjustments or leave necessary to obtain medical, housing, financial, counselling or legal assistance.
- And work place relocation (if available).

Any incident of abuse that takes place on NHS premises or in relation to carrying out our Trust business should be reported to line manager and support will be offered by Workforce and Human Resources.

Employees should also be aware that conduct outside of work could lead to disciplinary action being taken because of its impact on the employment relationship. Where the employee is a registered practitioner, they would be accountable to their regulator (e.g. GMC/NMC) and could face investigation by that regulator.

The perpetration of Domestic Abuse by an employee may lead to disciplinary action being taken against that employee, up to and including dismissal, regardless of whether the abuse occurred at work or not. This measure reflects potential risks posed to service users and also the reputational damage that may potentially be experienced by the Trust. Where appropriate the Trust may refer the employee to their professional body/regulator.

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4.4 Raising Awareness in the Workplace

UHMBFT will raise awareness of Domestic Abuse through the following measures:

- Publishing, maintaining and posting a list of internal and external resources for perpetrators and survivors of Domestic Abuse.

In addition to the guidance set out, the Trust has a number of additional policies and documents which could be considered when supporting staff who are experiencing issues associated with Domestic Abuse.

There are a number of the policies and documents that sit under the People and Organisational Development and Health, Safety and Risk Teams that support colleagues at all times and in particular when experiencing Domestic Abuse.

To ensure that all colleagues are able to access these, please find below a link to the People and Organisational Development intranet page: Pages - Workforce Policies and Guidance.

<http://uhmb/cd/hr/Pages/default.aspx>

For additional information on how these support colleagues, please contact Ask Sami via ask.sami@mbht.nhs.uk

4.5 Confidentiality and the Right to Privacy

UHMBFT respects employees' right to privacy. UHMBFT strongly encourages those experiencing Domestic Abuse to disclose the abuse for the safety of themselves and all those in the workplace but it does not force them to share this information if they do not want to.

Whilst the Trust recognises that employees experiencing Domestic Abuse should have a right to confidentiality, in circumstances of concern around the protection of children or vulnerable adults, or where the employer needs to act to protect the safety of employees; child and/or adult protection services may need to be involved.

This may include referral to the Local Authority Designated Officer, (LADO) or the designated Person In Position Of Trust (PIPOT). Confidentiality cannot then be guaranteed in these situations however they will always be dealt with on a strict need to know basis.

Children living in a home where Domestic Abuse occurs are at risk of harm. Employers therefore have a duty of care to protect the child. Colleagues should be informed that either with or without their consent a safeguarding referral will be completed to the local Children's Social Care Service

Another exception to confidentiality is where an employee reaches the Multi-Agency Risk Assessment Conference (MARAC) threshold (in danger of being seriously injured or killed). In these circumstances it may be necessary to refer without consent.

In circumstances where UHMBFT has to breach confidentiality it will seek specialist advice before doing so from the most relevant member of the safeguarding team. If the Trust

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decides to proceed in breaching confidentiality after having taken advice, it will discuss with the employee why it is doing so and will seek the employee's agreement where possible.

The consequences of breaching this duty of confidentiality could have serious effects for the employee experiencing domestic violence, potentially increasing the risk to their safety. It could exacerbate the domestic violence and impact on the employee's family, their working arrangements and social activity.

Statistics have shown that the risk of more serious assaults, permanent injury and homicide takes place when a woman decides to leave an abusive relationship, or immediately after. It is important therefore, not to underestimate the danger or assume that the fear of violence is exaggerated.

4.6 Principles

When supporting a staff member through domestic violence, managers, colleagues, Occupational Health and the Counselling Services Safeguarding team need to be clear about their different roles in tackling domestic violence issues.

Colleagues experiencing domestic violence themselves are to be interacted with sensitively. Supporters are to ensure that they take appropriate action to minimise the health and safety risks to individuals, their families other staff, patients and the public at the workplace.

4.7 Roles and Responsibilities of Teams

4.7.1 Occupational Health and Well-Being Service

In 2019, UHMBFTs Occupational Health and Well-Being Service introduced Routine Enquiry for Domestic Abuse. All staff who have contact with this service, irrespective of the nature of that contact, will be asked about Domestic Abuse. If this is disclosed then the support mechanisms can be accessed, and individual staff will be directed accordingly.

The Occupational Health and Well-Being team has a valuable role in asking all staff who access their service about Domestic Abuse and are in a position to seek advice as required and access appropriate support for staff who are affected.

They are able to provide additional support in the management of health and well-being through their own service. Close partnership working is in place between the Occupational Health and Well-Being, Safeguarding and Workforce teams.

4.7.2 The Safeguarding Team

The Safeguarding Team will support the promotion of this policy across the organisation and help to raise awareness generally of Domestic Abuse and the support available.

The Safeguarding Team will provide consultation, managerial, professional support to Managers who are supporting colleagues who are victims of Domestic Abuse. The Safeguarding Team may also have a direct role in supporting staff.

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The Safeguarding Team have a responsibility for collaborating in the development and review of this policy including the audit of compliance and the effectiveness of this policy.

The Safeguarding Team are in a position to direct staff to specialist services as required and access appropriate support. The team will also advise and support managers and others who require additional help.

4.7.3 The Workforce Organisational Development Team

The Workforce Organisational Development Team will support with adherence to this policy and that it is kept up to date. Workforce Organisational Development Team are also in a position to direct staff who are experiencing Domestic Abuse to appropriate people within the organisation, or externally, when the staff member chooses not to disclose abuse to their manager.

4.8 Management Guidance – Procedure on Disclosure of Domestic Abuse

UHMBFT is committed to ensuring that all line managers are aware of Domestic Abuse and its implications in the workplace. Line managers are responsible for ensuring that staff are supported by this policy within their work areas, and for communicating its contents to their staff. Information, briefings or awareness raising sessions will ensure that all managers are able to:

- Identify if an employee is experiencing difficulties because of Domestic Abuse.
- Respond to disclosure in a sensitive and non-judgemental manner.
- Provide initial support – be clear about available workplace support.
- Discuss how the organisation can contribute to safety planning.
- Signpost to other organisations and sources of support.
- Understand that they are not counsellors.

Support for the manager in dealing with Domestic Abuse may be sought from a number of people, including the Trust Safeguarding Team, their own manager, a Human Resources Manager, Staff Side Organisations, Occupational Health etc., as appropriate.

Confidentiality must be maintained when managers seek support, as it should be in relation to the process to follow rather than the individual. If there are concerns that the member of staff or their children are at risk of harm the Trust safeguarding team should be consulted for advice.

UHMBFT recognises that Domestic Abuse is a serious issue within society and affects many people's lives. The Trust is committed to assisting staff where instances of Domestic Abuse and/or its effects become apparent in the workplace. These principles will also apply to those experiencing abuse or violence from non-family members.

Managers should bring the existence of this guidance to the attention of all their staff. It is acknowledged that this is a difficult area of discussion to raise directly and that issues of Domestic Abuse may come to the manager's attention through various means.

Employees may not want to discuss their experience of abuse and may feel that they want to deal with the issue themselves. However, as a Trust, it is important that employees feel

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able to raise the issues in the knowledge that the matter will be treated sensitively, sympathetically, effectively and confidentially. It is the manager's role to create an environment where employees feel safe and able to talk about matters which concern them.

Domestic Abuse can have an impact on performance at work and therefore can affect the quality of service provision.

Indicators of Abuse (this is not an exhaustive list)

The following are possible signs of abuse but may also be indicators of a range of other issues:

- Increased absenteeism.
- Lateness.
- Stress.
- Physical and emotional exhaustion.
- Repeated injuries or unexplained bruising.
- Financial hardship.
- Changes in work performance for no apparent reason.
- Behavioural changes.
- Low self-esteem, withdrawn or quiet due to feelings of isolation.
- Unusual number of calls from home and strong reaction to these calls.
- Comes to work late, needs to leave early, secretive about home life.
- Partner may attempt to limit their work or social contacts.
- Partner may ridicule them in public.
- Partner exerts unusual amount of control over their life.

It is also important for Managers to be mindful of staff who have a disability as defined under the Equality Act 2010 as studies have shown that disabled women are disproportionately victims of Domestic Abuse.

Managers should be aware that any indicators such as lateness, physical and emotional exhaustion and absenteeism are not assumed to be linked to the persons disability, but may be linked to other issues, such as Domestic Abuse.

Guidelines for Support

If an employee approaches a manager for support the following guidance should be considered:

- All requests for assistance and support must be treated seriously and sympathetically and you should establish if the employee is happy talking to you or if they would prefer to speak to someone else.
- Where appropriate and available, consideration should be given to offering the option of speaking to a person of their choice in terms of gender, gender identity, ethnicity, age group, sexuality / sexual orientation, religion or disability.
- Ensure that you speak to the employee somewhere that is private, you cannot be overheard and will not be interrupted.
- Reassure the employee that confidentiality will be maintained; whilst clearly stating

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the extent and boundaries of confidentiality, (see section on Confidentiality)

- Offer time to listen and do not pressurise to take action.
- Respond in a sensitive and non-judgemental manner. The employee may need some time to decide what to do and may try many different options over a period of time.
- Being aware that there may be additional issues faced by the employee because of, for example, their age, gender, sexual orientation, ethnic background, disability, religion or belief. Managers should at all times understand that people will have individual cultural or emotional differences and should respect this in responding to each case on an individual basis.
- Give a positive message that Domestic Abuse is a serious crime and every individual has the right to live a life free from abuse in any form.
- Ask the employee what they want to do, if anything and respect their decision.
- Ask the employee if they want to report it to the police and/or need to see a GP/Occupational Health doctor for medical attention.
- Give information about support services available including local refuges and/or help lines including the counselling service via Occupational Health.
- Be prepared to offer the same standard of support, on all occasions, no matter how many times the same employee approaches you. Remaining in an abusive relationship is part of the nature of the Domestic Abuse. Research has shown that it can take several years to break free of a violent relationship and you should, for example, not assume that because an individual returns or stays in a violent relationship, that the violence was not severe, did not take place, or that they did not want it to stop.
- If the employee does not want you to contact other agencies, you must make them aware that sometimes there are times when sharing of information is needed with or without consent. (See section on Confidentiality).

Safety

UHMBFT undertakes to ensure the safety of its employees. The Trust will actively provide support to employees to minimise the risk to their safety while at work, if they make it known that they are experiencing Domestic Abuse and give an indication of the possible issues that may arise.

This support may include:

- Offering temporary or permanent changes to their workplace, work times and patterns, helping to reduce the risk at work and on their journeys to and from work.
- Reminding reception staff, switchboard or team members not to divulge information about colleagues, especially personal details such as addresses, telephone numbers or shift patterns.
- Blocking e-mails/intercepting telephone calls.
- Improve security measures on entry to buildings, for example, changing key pad numbers or ensuring no access is available to unauthorised visitors.
- Carrying out a workplace risk assessment for both the individual and other employees. The generic Risk Assessment form can be used for this.
- Developing a mutually agreed plan which takes account of workplace safety. This could include an agreed safe password that can be used for contact e.g. if someone

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is late for a shift (on a need to know basis).

- Agree how to make colleagues aware of how to respond if the perpetrator rings or calls at the workplace. Provide colleagues with a description of the perpetrator and other relevant details such as car registration numbers. These steps will help to heighten awareness of security in the workplace.
- If there is the need for such discussions with colleagues, in agreement with the employee, the manager should remind staff that the information about the Domestic Abuse situation is confidential. Any unauthorised breach of confidentiality could lead to disciplinary action being taken against them.
- Ensure systems for recording employee's whereabouts during the day are adequate, and where work requires visits outside the office, consider how risks can be minimised. This could include a change in working duties, ensuring the employee is accompanied by a colleague, and that a mobile phone is carried by the employee.
- Coordination of support plans between Occupational Health and Well-Being, Safeguarding and Specialist Domestic Abuse services and to include internal services, such as security and safe access to/from public transport or car parking as possible and appropriate depending the circumstances and needs of the individual.
- Referral to a Senior Manager in Employment Services to consider alternative methods of salary payment if the abusing partner has access to bank accounts, or referral to Citizens Advice Bureau /Employee Assistance schemes if experiencing financial hardship.
- Awareness of any additional issues for an employee because of their ethnic/cultural background, gender, age, sexuality or disability.
- Record any incidents of violence in the workplace, including persistent phone calls, e-mails or visits to the employee by their partner/ex-partner or their family and friends. A record should also be kept of any witnesses to these incidents as these records could be used in any criminal proceedings or civil action against the alleged perpetrator.
- If it is known that an alleged perpetrator is impinging on the health and safety of a member of staff, legal action can be taken and advice should be sought from Health Safety and Risk Team.
- When considering preventative and supportive measures, the manager may be required to take account of whether these are operationally appropriate, however, ensuring the safety of employees should be of primary concern throughout this process.

UHMBFT will prioritise the safety of employees if they make it known that they are experiencing Domestic Abuse.

Employees should be encouraged to seek support from their line manager and the Trust Safeguarding Team can be contacted for support

UHMBFT will work with the employee and a specialist agency (with the employee's consent) to identify what actions can be taken to increase their personal safety at work and at home as well as address any risks there may be to colleagues.

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When an employee discloses Domestic Abuse

UHMBFT will encourage and support its employees if applicable to undertake a Domestic Abuse Stalking and Harassment (DASH) Risk Indicator Checklist, with the staff members consent (See Appendix 1) Safeguarding team can advise on this .

And make appropriate referrals where necessary.

Please note it is best practice to obtain consent from the staff member before making referrals, however where the risk of harm or homicide to the person experiencing Domestic Abuse or dependants is high then referrals can be made without consent

Referral to for example –

- Referral into the Multi Agency Risk Assessment Conference (MARAC) process (See Appendix 2).
- Referral into Child/Vulnerable Adult Safeguarding Services (Refer to Trust safeguarding policy).
- Referral into LADO and PIPOT processes (Refer to Trust Safeguarding policy).

Perpetrators of Domestic Abuse

Abusive behaviour is the responsibility of the perpetrator.

UHMBFT aims to support all employees. However, all employees should be aware that Domestic Abuse is a serious matter that can lead to criminal convictions. It is likely that managers may have staff who are or have been accused of being perpetrators of Domestic Abuse. In this instance managers should seek advice immediately from the HR department as well as refer to the appropriate HR Policies and Procedures.

Conduct outside of work (whether or not it leads to a criminal conviction) can lead to disciplinary action being taken against an employee because of the impact it may have on the employee's suitability to carry out their role and/or because it undermines public confidence in the Trust.

It is important to emphasise that where there is a conflict between the post held and the criminal allegation against them, consideration should be given to alternative work or suspension as detailed in the Disciplinary procedure.

Help for perpetrators who wish to change their behaviour is available from Respect, the UK association for Domestic Abuse perpetrator programmes and support services detailed at the end of this policy.

In cases where both the victim and the perpetrator of Domestic Abuse work in the organisation, the Trust will take appropriate action based on individual cases. If a perpetrator uses Trust equipment/time etc. to stalk or harass a staff member this needs to be dealt with in line with disciplinary policy. The Trust needs to be aware that this could be considered facilitation of a criminal act on their part, and all measures must be in place to safeguarding individual staff.

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If a colleague is found to be assisting an abuser in perpetrating the abuse, for example, by giving them access to facilities such as telephones, email or fax machines then they will be seen as having committed a disciplinary offence.

If it becomes evident that an employee has made a malicious allegation that another employee is perpetrating abuse then this will be treated as a serious disciplinary offence and action will be taken.

The Managing Allegations Against Staff and Volunteers Policy must be followed by the line manager and advice sought from the Head of Safeguarding /Deputy /Named Nurses/Named Midwife at the Trust.

4.9 Employee Guidance

UHMBFT aims to support all staff who have experienced forms of Domestic Abuse. Whilst the Trust encourages staff to approach their manager if they need support, it is also recognised that staff may not always wish to approach their manager but instead speak to another member of staff or colleague.

Support for staff can be provided through Managers, Workforce Team, Trade Union representatives, the Safeguarding Team and the Occupational Health department.

Support may include:

- Signposting to means of help.
- Consideration for any additional safety measures in the workplace.
- Leave and support to attend medical, counselling or legal assistance.
- Consideration to adjustment of working hours or location.
- Support staff if conduct and performance is affected.

The Trust is aware that there are likely to be changes to the work performance of an employee who is experiencing issues of Domestic Abuse such as increased absence and lower productivity. In such cases, the Trust will be as supportive as far as possible and anyone who has been subject to Domestic Abuse will be treated fairly.

Staff may face issues of Female Genital Mutilation (FGM), Forced Marriage or Honour-Based Violence.

Female Genital Mutilation (FGM) is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. FGM is a form of child abuse.

FGM has been a criminal offence in the UK since 1985. In 2003 the Female Genital Mutilation Act 24 made it an offence for UK nationals or permanent UK residents to carry out FGM abroad or to aid, abet, counsel or procure the carrying out of FGM abroad. Further information about the Act can be found in Home Office circular 10/200425 which is available at: [FGM guidance for health care staff](#)

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Forced Marriage is a marriage conducted without the full consent of both parties and where duress is a factor. The Governments Forced Marriage Unit 26 produce guidelines and these are available at: <https://www.gov.uk/guidance/forced-marriage>

If staff are concerned that they may be forced into marriage they can contact the Forced Marriage Unit (FMU) which has a national helpline (listed in section 12 of this policy).

Honour Based Violence (HBV) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

It is a violation of human rights and may be a form of domestic and/or sexual 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."

It is recognised that staff who are victims of HBV may need support to be protected from the perpetrator of violence. The Trust may be able to offer support through considering a transfer to another part of the Trust.

All suspected cases of Female Genital Mutilation, Forced Marriage or Honour Based Violence must be discussed with the Trust Safeguarding Team.

Guidance For All Staff On Disclosure by a Colleague

It is important that all staff are aware of the possible indicators of Domestic Abuse and are able to respond appropriately if an employee chooses to disclose abuse. There is a list of possible indicators of abuse on page 11 of this policy.

If a colleague discloses that they are experiencing from Domestic Abuse, the following should be considered:

- Listen, reassure and support individuals.
- Keep information confidential (subject to the confines of child and adult protection).
- Respond in a sensitive and non-judgemental manner.
- Discuss the specific steps that need to be taken to keep the employee safe in the workplace.
- Ensure that the employee is aware of the options available to them.
- Do not advise the employee to leave the abusive relationship. Advise them to seek professional help. People are at most risk of abuse when ending a relationship and in the weeks following this.
- Do not try to counsel the person affected. Counselling is to be left to trained professionals and nobody should try to emulate a Domestic Abuse expert or counsellor. The best thing that a person can do is refer on to the Domestic Abuse support services.
- Establish how the employee experiencing the abuse wishes to be contacted.

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Contacting them at home may not be appropriate.

- Ensure that no personal details are divulged, particularly work place details.
- Encourage the employee to seek the advice of other relevant agencies.
- Remind the person affected by abuse of the existence of this guidance and of the support available from specialist Domestic Abuse agencies listed in section 12 of this policy.

What to Say

Don't be too neutral. People often feel awkward about taking sides and try to stay out of any confrontational situations, however the abuser can take such behaviour as justification for his actions and the victim can easily interpret "neutrality" as blame for the situation.

Raise the issue. If you become aware that an employee is experiencing Domestic Abuse then it is important not to ignore it. Let them know that you are concerned about them and would like to help. Try not to criticise their partner or the relationship and instead concentrate on their safety. You do not have to know all the answers. Allowing the employee to break silence is an important step.

Giving Support. Remember that the employee needs to be supported as opposed to judge. Support them in any decision that they make about their relationship, whilst also maintaining a stance that the abuse is wrong. Ask the employee what they want to do about the situation, if anything and respect their decision. Give information about Domestic Abuse support services available including local refuges and/or help lines. Be prepared to offer the same standard of support, on all occasions, no matter how many times the same employee approaches you. Remaining in an abusive relationship is part of the nature of Domestic Abuse.

4.10 Support, Refuge and Advice

There are a number of local charities and support networks for those affected by Domestic Abuse. Due to their confidential nature, the contact details for charities and support networks change regularly and National Help Lines can signpost you to an appropriate service.

If you or someone you know are in immediate danger or an attack has happened the police should be contacted in the first instance via 999. The police take all incidents seriously and can provide immediate help and also sign post to other organisations and agencies to provide help and advice.

The following numbers are organisations who provide help and advice to those experiencing from or affected by Domestic Abuse:

Sources of Support/ Useful Contact Numbers/ Websites:

Police - Emergency Contact Number: 999

Police - Non-Emergency Contact Number: 101 www.lancashire.police.uk

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Police - <https://www.police.uk/>

National 24-hour Domestic Abuse Helpline: 0808 2000 247
<http://www.nationaldomesticviolencehelpline.org.uk>

National Victim Support: 0845 3030 900 <http://www.victimsupport.org.uk>

Local Victim Support: 0300 323 0085 <https://lancashirevictimservices.org/>

Lancashire Safenet: 0300 3033 581 www.safenet.org.uk

Refuge - National Helpline: 0808 2000 247 helpline@refuge.org.uk

Women's Aid (England): <https://www.womensaid.org.uk>

The Samaritans: <https://www.samaritans.org>

Lancashire Children's Services: 0300 123 6720

Lancashire Adult Services: 0300 123 6721

Cumbria Children's Services: 0300 123 6720

Cumbria Adult Service: 0300 303 2704

ChildLine: 0800 1111: <http://www.childline.org.uk>

Rape Crisis England and Wales: <https://rapecrisis.org.uk>

Men's Advice Line: (for male victims): 0808 8010 327 www.mensadviceline.org.uk

Broken Rainbow: (LGBT): 0300 999 5428 www.broken-rainbow.org.uk

National LGBT Domestic Abuse Helpline: 0800 999 5428
<http://www.galop.org.uk/domesticabuse>

The Mankind Initiative: 01823 334244 www.mankind.org.uk

Men's Advice Line: 0808 801 03271 info@mensadviceline.org.uk

National Centre for Domestic Abuse: 0844 8044 999 <http://www.ncdv.org.uk> (Text "NCDV" 60777 for help).

National Stalking Helpline: 0808 802 0300

Royal College of Nursing: <https://www.rcn.org.uk/clinical-topics/domestic-violence-and-abuse>

LADO (Local Authority Designated Officer)

Lancashire: 01772 536694

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Cumbria: 03003 033892 – lado@cumbria.gov.uk
<https://www.cumbria.gov.uk/childrensservices/childrenandfamilies/concernedaboutachild/lado.asp>

For Anyone Experiencing Honour Based Violence or Forced Marriage:

Forced Marriage Unit: 0207 008 0151

Karma Nirvana: 0800 5999 247

Aanchal (Asian Languages spoken): 0845 4512 547

Southall Black Sister: 0208 571 0800

Ashiana Network (Turkish and South Asian): 0208 539 0427

Ikrow (Iranian, Kurdish women's rights organisation): 0207 920 6460

Female Genital Mutilation - [FGM guidance for health care staff](#)

For Perpetrators of Domestic Abuse:

Respect: 0808 802 4040 www.respect.uk.net

AVP Britain (Alternatives to Violence Project): 020 7324 4755 www.avpbritain.org.uk

Run workshops throughout the country for anyone who has resentments that become grudges, anyone who gets upset at being ignored, anyone who has difficulty with anger, anyone who is a bully or is bullied, in fact, and anyone who wants an alternative to violence.

Support Line Telephone Helpline: 01708 765200, Email: info@supportline.org.uk

Provides emotional support and details of counsellors and agencies throughout the UK.

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5. ATTACHMENTS	
Number	Title
1	Domestic Abuse Stalking and Harassment (DASH) Risk Indicator Checklist
2	MARAC process
3	MARAC referral form
4	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS

The latest version of the documents listed below can all be found via the [Trust Procedural Document Library](#) intranet homepage.

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS

The latest version of the documents listed below can all be found via the [Trust Procedural Document Library](#) intranet homepage.

Unique Identifier	Title and web links from the document library
Corp/Proc/046	Domestic Abuse – Guidance and Procedures for Asking About and Responding to Domestic Abuse
Corp/Pol/021	Safeguarding Children
Corp/Pol/035	Adults at Risk
Corp/Pol/048	Disciplinary Policy
Corp/Pol/016	Violence and Aggression Policy
Pol/004/029	Flexible Working Policy [CPFT]
Corp/Pol/139	Leave Policy
Corp/Pol/057	Management of Stress
Corp/Pol/119	Risk Assessment Policy
Corp/Pol/015	Managing Allegations Against Staff and Volunteers

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS

Number	References
1	Home Office, Available from: https://www.gov.uk/government/organisations/home-office (accessed 27.10.20)
2	NHS Employers, Available from: https://www.nhsemployers.org/ (accessed 27.10.20)
3	Department of Health and Social Care (2017) ‘Domestic Abuse: a resource for health professionals,’ [Online] Available from: https://www.gov.uk/government/publications/domestic-abuse-a-resource-for-health-professionals (accessed 27.10.20)
4	NHS Employers (2017) ‘Domestic violence and abuse: supporting NHS Staff,’ [Online] Available from: https://www.nhsemployers.org/-/media/Employers/Publications/Health-and-wellbeing/HSWPG_DV_Policy-document.pdf (accessed 27.10.20)
5	NHS Employers (2017) ‘Dealing with domestic violence and abuse: First steps,’ [Online] Available from: https://www.nhsemployers.org/-/media/Employers/Publications/Health-and-wellbeing/HSWPG_DV_First-steps.pdf (accessed 27.10.20)
6	Unite the Union (2012) ‘Women’s Health, Safety and Well-being at Work,’ [Online] Available from: womens-health-safety-well-being-at-work-unite-guide.pdf (accessed 27.10.20)
7	House of Commons (2018) ‘Briefing paper 6337: Domestic Violence in England and Wales,’ [Online] Available from: http://www.google.co.uk/urlresearchbriefings.files.parliament (accessed 27.10.20)
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11	Care Act (2014) c.23; [Online] Available from: https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted (accessed 27.10.20)
12	Department of Health (2017) 'Responding to Domestic Abuse; A resource for health professionals,' [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/597435/DomesticAbuseGuidance.pdf (accessed 27.10.20)
13	Safelives (2017) A cry for Health: why we must invest in Domestic Abuse services in hospitals http://safelives.org.uk/sites/default/files/resources
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15	Cavell Nurses Trust (2016) 'Skint, Shaken yet Still Caring. But who is caring for our nurses?' [Online] Available from: https://www.cavellnursestrust.org/wp-content/uploads (accessed 27.10.20)
16	NHS Employers (2017) 'Domestic Violence and abuse – supporting staff,' [Online] https://www.nhsemployers.org/case-studies-and-resources/2017/11/domestic-violence-and-abuse-supporting-nhs-staff (accessed 27.10.20)
17	Equality Act (2010) c.15; [Online] Available from: https://www.legislation.gov.uk/ukpga/2010/15/contents (accessed 27.10.20)
18	Human Rights Act (1998) c.42; [Online] Available from: https://www.legislation.gov.uk/ukpga/1998/42/contents (accessed 27.10.20)
19	Female Genital Mutilation Act (2003) c.31; [Online] Available from: https://www.legislation.gov.uk/ukpga/2003/31/contents (accessed 27.10.20)

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8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition
UHMBFT	University Hospitals of Morecambe Bay Foundation Trust
MARAC	Multi Agency Risk Assessment Conference
DA	Domestic Abuse
GMC	General Medical Council
NMC	Nurse Medical Council
LADO	Local Authority Designated Officer
PIPOT	Person in Position of Trust
DASH	Domestic Abuse, Stalking & Harassment
HR	Human Resources
FGM	Female Genital Mutilation
HBV	Honour Based Violence

9. CONSULTATION WITH STAFF AND PATIENTS		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
Name	Job Title	Date Consulted
Win Robertson	Unison Convenor /Staff side Vice Chair	July 2020
Alastair Boyle	Chair Staff Side	July 2020
Lyn Hadwin	Head of Workforce Delivery	July 2020
Anna Smith	Associate Deputy Director –Heath Safety	August 2020
Karen Thompson	Royal College of Nursing Staff Representative	July 2020

10. DISTRIBUTION PLAN	
Dissemination lead:	Liz Thompson
Previous document already being used?	No
If yes, in what format and where?	
Proposed action to retrieve out-of-date copies of the document:	N/A
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff: Weekly News ENACT Matrons ECN Safeguarding Operational Performance Group	Please detail how staff will be informed of document contents and changes. Include in the UHMB Friday Corporate Communications Roundup or Weekly News. New documents uploaded to the Document Library.

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11. TRAINING

Is training required to be given due to the introduction of this procedural document? No. Different staff groups require different levels of competence depending on their role and degree of contact with adults children, young people and families, the nature of their work, and their level of responsibility. Please read in conjunction with the Safeguarding Training Matrix

Action by	Action required	Implementation Date

12. AMENDMENT HISTORY

Version No.	Date of Issue	Section/Page Changed	Description of Change	Review Date

Appendix 1: SafeLives DASH Risk Checklist

For printable version, see

<https://nhscanl.sharepoint.com/:f:/r/sites/TrustProceduralDocumentLibrary/Attachments/CORP-PROC-046>



Ending domestic abuse

SafeLives Dash risk checklist Quick start guidance

You may be looking at this checklist because you are working in a professional capacity with a victim of Domestic Abuse. These notes are to help you understand the significance of the questions on the checklist. Domestic Abuse can take many forms but it is usually perpetrated by men towards women in an intimate relationship such as boyfriend/girlfriend, husband/wife. This checklist can also be used for lesbian, gay, bisexual relationships and for situations of 'honour'-based violence or family violence. Domestic Abuse can include physical, emotional, mental, sexual or financial abuse as well as stalking and harassment. They might be experiencing one or all types of abuse; each situation is unique. It is the combination of behaviours that can be so intimidating. It can occur both during a relationship or after it has ended.

The purpose of the Dash risk checklist is to give a consistent and simple tool for practitioners who work with adult victims of Domestic Abuse in order to help them identify those who are at high risk of harm and whose cases should be referred to a Marac meeting in order to manage their risk. If you are concerned about risk to a child or children, you should make a referral to ensure that a full assessment of their safety and welfare is made.

The Dash risk checklist should be introduced to the victim within the framework of your agency's:

- Confidentiality policy
- Information sharing policy and protocols
- Marac referral policies and protocols

Before you begin to ask the questions in the Dash risk checklist:

- Establish how much time the victim has to talk to you: is it safe to talk now? What are safecontact details?
- Establish the whereabouts of the perpetrator and children
- Explain why you are asking these questions and how it relates to the Marac

While you are asking the questions in the Dash risk checklist:

- Identify early on who the victim is frightened of – ex-partner/partner/family member
- Use gender neutral terms such as partner/ex-partner. By creating a safe, accessible environment LGBT victims accessing the service will feel able to disclose both Domestic Abuse and their sexual orientation or gender identity.

Revealing the results of the Dash risk checklist to the victim

Telling someone that they are at high risk of serious harm or homicide may be frightening and overwhelming for them to hear. It is important that you state what your concerns are by using the answers they gave to you and your professional judgement. It is then important that you follow your area's protocols when referring to Marac and Children's Services. Equally, identifying that someone is not currently high risk needs to be managed carefully to ensure that the person doesn't feel that their situation is being minimised and that they don't feel embarrassed about asking for help. Explain that these factors are linked to homicide and serious harm and that if s/he experiences any of them in future, that they should get back in touch with your service or with the emergency services on 999 in an immediate crisis.

Please pay particular attention to a practitioner's professional judgement in all cases. The results from a

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checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a

Marac or in another way. **The responsibility for identifying your local referral threshold rests with your local Marac.**

Resources

Be sure that you have an awareness of the safety planning measures you can offer, both within your own agency and other agencies. Be familiar with local and national resources to refer the victim to, including specialist services. The following websites and contact details may be useful to you:

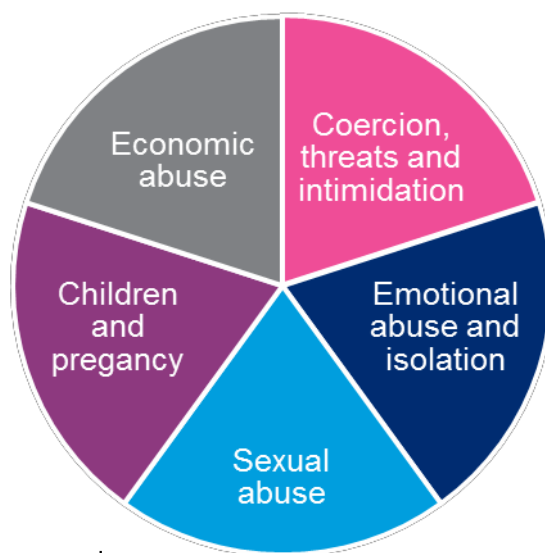
- **National Domestic Violence Helpline** (tel: 0808 2000 247) for assistance with refuge accommodation and advice.
- **'Honour' Helpline** (tel: 0800 5999247) for advice on forced marriage and 'honour' based violence.
- **Sexual Assault Referral Centres** (<http://www.rapecrisis.org.uk/Referralcentres2.php>) for details on SARCs and to locate your nearest centre.
- **Broken Rainbow** (tel: 08452 604460 / web: www.brokenrainbow.org.uk) for advice for LGBT victims) for advice and support for LGBT victims of Domestic Abuse.

Asking about types of abuse and risk factors

Physical abuse

We ask about physical abuse in questions 1, 10, 11, 13, 15, 18, 19 and 23.

- Physical abuse can take many forms from a push or shove to a punch, use of weapons, choking or strangulation.
- You should try and establish if the abuse is getting worse, or happening more often, or the incidents themselves are more serious. If your client is not sure, ask them to document how many incidents there have been in the last year and what took place. They should also consider keeping a diary marking when physical and other incidents take place.
- Try and get a picture of the range of physical abuse that has taken place. The incident that is currently being disclosed may not be the worst thing to have happened.
- The abuse might also be happening to other people in their household, such as their children or siblings or elderly relatives.
- Sometimes violence will be used against a family pet.
- If an incident has just occurred the victim should call 999 for assistance from the police. If the victim has injuries they should try and get them seen and documented by a health professional such as a GP or A&E nurse.



Sexual abuse

We ask about whether the victim is experiencing any form of sexual abuse in question 16.

- Sexual abuse can include the use of threats, force or intimidation to obtain sex, deliberately inflicting pain during sex, or combining sex and violence and using weapons.
- If the victim has suffered sexual abuse you should encourage them to get medical attention and to report this to the police. See above for advice on finding a Sexual Assault Referral Centre which can assist with medical and legal investigations.

Coercion, threats and intimidation

Coercion, threats and intimidation are covered in questions 2, 3, 6, 8, 14, 17, 18, 19, 23 and 24.

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- It is important to understand and establish: the fears of the victim/victims in relation to what the perpetrator/s may do; who they are frightened of and who they are frightened for (e.g. children/siblings). Victims usually know the abuser's behaviour better than anyone else which is why this question is significant.
- In cases of 'honour' based violence there may be more than one abuser living in the home or belonging to the wider family and community. This could also include female relatives.
- Stalking and harassment becomes more significant when the abuser is also making threats to harm themselves, the victim or others. They might use phrases such as "If I can't have you no one else can..."
- Other examples of behaviour that can indicate future harm include obsessive phone calls, texts or emails, uninvited visits to the victim's home or workplace, loitering and destroying/vandalising property.
- Advise the victim to keep a diary of these threats, when and where they happen, if anyone else was with them and if the threats made them feel frightened.
- Separation is a dangerous time: establish if the victim has tried to separate from the abuser or has been threatened about the consequences of leaving. Being pursued after separation can be particularly dangerous.
- Victims of Domestic Abuse sometimes tell us that the perpetrators harm pets, damage furniture and this alone makes them frightened without the perpetrator needing to physically hurt them. This kind of intimidation is common and often used as a way to control and frighten.
- Some perpetrators of Domestic Abuse do not follow court orders or contact arrangements with children. Previous violations may be associated with an increase in risk of future violence.
- Some victims feel frightened and intimidated by the criminal history of their partner/ex-partner. It is important to remember that offenders with a history of violence are at increased risk of harming their partner, even if the past violence was not directed towards intimate partners or family members, except for 'honour'-based violence, where the perpetrator(s) will commonly have no other recorded criminal history.

Emotional abuse and isolation

We ask about emotional abuse and isolation in questions 4, 5 and 12. This can be experienced at the same time as the other types of abuse. It may be present on its own or it may have started long before any physical violence began. The result of this abuse is that victims can blame themselves and, in order to live with what is happening, minimise and deny how serious it is. As a professional you can assist the victim in beginning to consider the risks the victim and any children may be facing.

- The victim may be being prevented from seeing family or friends, from creating any support networks or prevented from having access to any money.
- Victims of 'honour' based violence talk about extreme levels of isolation and being 'policed' in the home. This is a significant indicator of future harm and should be taken seriously.
- Due to the abuse and isolation being suffered victims feel like they have no choice but to continue living with the abuser and fear what may happen if they try and leave. This can often have an impact on the victim's mental health and they might feel depressed or even suicidal.
- Equally the risk to the victim is greater if their partner/ex-partner has mental health problems such as depression and if they abuse drugs or alcohol. This can increase the level of isolation as victims can feel like agencies won't understand and will judge them. They may feel frightened that revealing this information will get them and their partner into trouble and, if they have children, they may worry that they will be removed. These risks are addressed in questions 21 & 22.

Children and pregnancy

Questions 7, 9 and 18 refer to being pregnant and children and whether there is conflict over child contact.

- The presence of children including stepchildren can increase the risk of Domestic Abuse for the mother. They too can get caught up in the violence and suffer directly.
- Physical violence can occur for the first time or get worse during pregnancy or for the first few years of the child's life. There are usually lots of professionals involved during this time, such as health visitors or midwives, who need to be aware of the risks to the victim and children, including an unborn child.
- The perpetrator may use the children to have access to the victim, abusive incidents may occur during child contact visits or there may be a lot of fear and anxiety that the children may be harmed.
- Please follow your local Child Protection Procedures and Guidelines for identifying and making referrals to Children's Services.

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Economic abuse

Economic abuse is covered in question 20.

- Victims of Domestic Abuse often tell us that they are financially controlled by their partners/ex- partners. Consider how the financial control impacts on the safety options available to them. For example, they may rely on their partner/ex-partner for an income or do not have access to benefits in their own right. The victim might feel like the situation has become worse since their partner/ex- partner lost their job.
- The Citizens Advice Bureau or the local specialist Domestic Abuse support service will be able to outline to the victim the options relating to their current financial situation and how they might be able to access funds in their own right.

We also have a library of resources and information about training for frontline practitioners at <http://safelives.org.uk/practice-support/resources-frontline-domestic-abuse-workers-and-idvas>

Other Marac toolkits and resources

If you or someone from your agency attends the Marac meeting, you can download a **Marac Representative's Toolkit** here:

http://safelives.org.uk/sites/default/files/resources/Representatives%20toolkit_0.pdf. This essential document troubleshoots practical issues around the whole Marac process.

Other **frontline Practitioner Toolkits** are also available from <http://safelives.org.uk/practice-support/resources-marac-meetings/resources-people-referring>. These offer a practical introduction to Marac within the context of a professional role. Please signpost colleagues and other agency staff to these toolkits where relevant:

A&E	LGBT Services
Ambulance Service	Marac Chair
BAMER Services	Marac Coordinator
Children and Young People's Services	Mental Health Services for Adults
Drug and Alcohol	Police Officer
Education	Probation
Fire and Rescue Services	Social Care Services for Adults
Family Intervention Projects	Sexual Violence Services
Health Visitors, School Nurses & Community	Specialist Domestic Violence Services
Midwives	Victim Support
Housing	Women's Safety Officer
Independent Domestic Violence Advisors	

For additional information and materials on Multi-agency risk assessment conferences (Maracs), please see the

<http://safelives.org.uk/sites/default/files/resources/The%20principles%20of%20an%20effective%20MARAC%20%28principles%20only%29%20FINAL.pdf>. This provides guidance on the Marac process and forms the basis of the Marac quality assurance process and national standards for Marac.

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Ending domestic abuse

SafeLives Dash risk checklist

Aim of the form

- 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 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 Marac¹ 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.

How to use the form

Before completing the form for the first time we recommend that you read the full practice guidance and FAQs. These can be downloaded from: <http://safelives.org.uk/sites/default/files/resources/FAQs%20about%20Dash%20FINAL.pdf>. Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

Recommended referral criteria to Marac

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to Marac. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. ***This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.*** This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.
2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the Marac referral criteria.
3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at Marac. It is common practice to start with 3 or more police callouts in a 12 month period but **this will need to be reviewed** depending on your local volume and your level of police reporting.

Please pay particular attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a Marac or in another way. **The responsibility for identifying your local referral threshold rests with your local Marac.**

What this form is not

This form will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children's situation.

¹ For further information about Marac please refer to the 10 principles of an effective Marac: http://www.safelives.org.uk/marac/10_Principles_Oct_2011_full.doc

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Name of victim:

Date:

Restricted when complete

SafeLives Dash risk checklist for use by Idvas and other non-police agencies² for identification of risks when Domestic Abuse, 'honour'-based violence and/or stalking are disclosed

<p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.</p> <p>Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.</p> <p>It is assumed that your main source of information is the victim. If this is <u>not the case</u>, please indicate in the right hand column</p>	YES	NO	DON'T KNOW	State source of info if not the victim (e.g. police officer)
<p>1. Has the current incident resulted in injury?</p> <p>Please state what and whether this is the first injury.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2. Are you very frightened?</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>3. What are you afraid of? Is it further injury or violence?</p> <p>Please give an indication of what you think [name of abuser(s)] might do and to whom, including children.</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>4. Do you feel isolated from family/friends?</p> <p>I.e., does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others?</p> <p>Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>5. Are you feeling depressed or having suicidal thoughts?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>6. Have you separated or tried to separate from [name of abuser(s)] within the past year?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>7. Is there conflict over child contact?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>8. Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you?</p> <p>Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>9. Are you pregnant or have you recently had a baby (within the last 18 months)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>10. Is the abuse happening more often?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>11. Is the abuse getting worse?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous?</p> <p>For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>13. Has [name of abuser(s)] ever used weapons or objects to hurt you?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them?</p> <p>If yes, tick who:</p> <p>You <input type="checkbox"/></p> <p>Children <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

² Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

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Name of victim:

Date:

Restricted when complete

Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.	YES	NO	DON'T KNOW	State source of info
15.Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? If someone else, specify who.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.Is there any other person who has threatened you or who you are afraid of? If yes, please specify whom and why. Consider extended family if HBV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including the children, siblings or elderly relatives: Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.Has [name of abuser(s)] ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.Are there any financial issues? For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Has [name of abuser(s)] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? If yes, please specify which and give relevant details if known. Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Has [name of abuser(s)] ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23.Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? You may wish to consider this in relation to an ex-partner of the perpetrator if relevant. Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24.Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history? If yes, please specify: Domestic Abuse <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total 'yes' responses				

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Name of victim:

Date:

Restricted when complete

For consideration by professional

Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, 'honour'- based systems, geographic isolation and minimisation. Are they willing to engage with your service? Describe.	
Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.	
What are the victim's greatest priorities to address their safety?	

Do you believe that there are reasonable grounds for referring this case to Marac?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, have you made a referral?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Signed		Date
Do you believe that there are risks facing the children in the family?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please confirm if you have made a referral to safeguard the children?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date referral made
Signed		Date
Name		

Practitioner's notes

Appendix 2: Criteria – MARAC process

- The threshold for MARAC for agencies using the SafeLives-DASH Risk Assessment is very high risk with **14** ticks on the Risk Indicator Checklist or where professional judgement warrants a MARAC referral.
- The threshold for MARAC for the police using the ACPO-DASH (Risk Assessment what is this?) model is based on professional judgement only or where three or more crime related incidents have been reported to the police in the last 12 months will get referred into the MARAC process.
- Repeat referrals get referred back in to the MARAC process if there is a further incident reported to at least one MARAC agency within a twelve month period of the last MARAC and that incident involves:
 - Violence or threats of violence; and/or
 - A pattern of stalking or harassment (the repeated following of communication with or other intrusions on the privacy of a victim) and or
 - Where rape or sexual abuse is disclosed.
- (Multiple incidents occurring between MARAC meetings only result in one repeat MARAC referral).

The following do not constitute a repeat case:

- Where a case is reviewed at the MARAC involving the same victim but a different perpetrator or group of perpetrators.
- Where a case is reviewed at the MARAC involving the same perpetrator but a different victim.
- Where an incident not involving criminal behaviour occurs and is therefore not reviewed at MARAC.
- Where the same combination of victim and perpetrator is involved but being reviewed at a MARAC outside of the Lancashire Force Area. This is clearly a repeat incident in human terms however will not be recorded as such for the purposes of the indicator.
- Cases which are discussed at a MARAC meeting but for information purposes only (e.g. imminent release of perpetrator from prison; perpetrator begins CDVP)
- Cases which were previously reviewed at the MARAC more than 12 months ago.

Referral

- Agencies should refer cases to the MARAC using the MARAC referral form. The referral form needs to include as much information as possible including the name, date of birth, and address of victim, perpetrator and children. See Appendix 4 for a Copy of MARAC Referral Form.
- The MARAC operates a rolling referral system and cases are listed to the nearest available MARAC. The MARAC meets either on a monthly or fortnightly basis depending on the area.
- The MARAC Coordinator will circulate in advance referral deadline dates for all MARAC areas. The MARAC member should ensure they adhere to the dates set. Late referrals will be heard at the discretion of the chair however this will be the exception not the rule as other members need the allocated time to research cases. All referrals should be emailed to:
MARAC Lancashire maracreferrals@lancashire.pnn.police.uk
MARAC Cumbria maracreferrals@cumbria.pnn.police.uk

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Appendix 3: SafeLives MARAC Referral Form

MARAC Referral form

--- MARAC Referrals should be sent by a secure email or other secure method ---

Important Information, please read before completing this form:

This form, when completed will contain personal information (data) including special category (sensitive) data. You are required to comply with **General Data Protection Regulations** in the processing (including storage & retention) of this data. Please refer to your internal Data Protection Policy; local Marac Operating & Information Sharing Protocols The GDPR and The Data Protection Act 2018. Article 5 of the GDPR sets out seven key principles which lie at the heart of the general data protection regime. These principles should lie at the heart of your approach to processing personal data.

It is the responsibility of the referring agency to comply with GDPR and the seven key principles. Compliance with the spirit of these key principles is a fundamental building block for good data protection practice. It is also key to your compliance with the detailed provisions of the GDPR. Failure to comply with the principles may leave you open to substantial fines.

The **purpose** of a Marac referral form is to provide only the **relevant** information required to enable the Marac administrative team to process the personal data and information **necessary** to populate an accurate agenda to be sent to the relevant agencies listed within the Marac Operating Protocol (MOP), and to maintain accurate records as agreed within the MOP. A separate referral with additional information will need to be completed for referral to Idva.

Referring Agency Referring agency is <u>required</u> to attend Marac meeting to present case, if this is not possible please provide details of the agency representative who will attend & present case on your behalf			
Contact Name(s)			
Telephone / Email			
Date			
Victim Name		Victim DOB	
Address			
Telephone Number		Is this number safe to call?	YES / NO
Please Add Any Relevant Contact Information. (e.g. best times to call)			
Diversity Data (If Known)	B&ME <input type="checkbox"/> Disabled <input type="checkbox"/> LGBT <input type="checkbox"/> V u18 <input type="checkbox"/> P u18 <input type="checkbox"/> Gender M / F		

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Perpetrator(s) Name		Perpetrator(s) DOB	
Perpetrator(s) Address		Relationship to victim	

Children (Please add extra rows if necessary)	DOB	Relationship to Victim	Relationship to Perpetrator	Address

Reason for referral / additional information

Professional Judgement	YES / NO	Visible High Risk (14 ticks or more on SafeLives - DASH RIC)	YES / NO
Potential Escalation (3 or more incidents reported to the Police in the past 12 months)	YES / NO	MARAC Repeat (further incident identified within twelve months from the date of the last referral)	YES / NO
If it's a YES for the MARAC Repeat, Please provide the Date listed / Case Number (if known)			
Is the victim aware of MARAC referral?	YES / NO	If NO, why not?	
Has the victim been referred to any other MARAC previously?	YES / NO	If YES where / when?	
Has consent been given?	YES / NO		
Under what condition (Art 9(2) GDPR) is special category data shared? Please detail.	YES / NO		
Who is the Victim afraid of? (To include all potential threats, and not just primary perpetrator)			
Who does the Victim believe it IS safe to talk to?			
Who does the Victim believe it is NOT safe to talk to?			

Details of the incident which has resulted in MARAC Referral

Reason for referral & lawful basis for sharing this information (consider relevancy,

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proportionality & whether the information provided is necessary for the purpose of this referral form)

It is the **responsibility of the referring agency to be satisfied that the threshold for Marac is reached** (that the victim of Domestic Abuse is at high risk of serious harm or homicide). It is not necessary for the purpose of this Marac referral form to share details here. It is, however, important to indicate under which criteria the threshold is met:

Date of Incident	Risk Assessment Score	Circumstances (Please provide only the MOST RELEVANT and CURRENT RISK details. Anything after 12 months of the date of this referral is not required and could be discussed within the MARAC meeting)

PLEASE NOTE:
YOU ARE THE LEAD REFERRER FOR THIS REFERRAL AND AS SUCH, YOU ARE ACCOUNTABLE FOR ENSURING THAT THE MOST APPROPRIATE ACTIONS HAVE BEEN UNDERTAKEN TO ADDRESS THE RISK(S) YOU HAVE HIGHLIGHTED.

Date	Detail YOUR own action(s) / involvement to safeguard the victim, also please specify if any Police involvement has been undertaken to address the risks highlighted and any specific Police Log Ref numbers. Any concern due to victims being at high risk dial 101

Has this referral been sent to the relevant IDVA service?	
Has this referral been sent via your MARAC representative?	

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Information for victims referred to MARAC

The victim's safety should be at the centre of the MARAC. Keeping a clear focus on safety is easier when the victim is engaged in the process and their views are represented at the meeting. Normally the IDVA is best placed to do this by both contacting the victim before and updating the victim after the meeting (where it is safe to do so), in addition to liaising with partner agencies. The referring agency should usually inform the victim of MARAC referral where it is safe to do so. This may be done by letter if there has been an incident of public record (e.g. reported to the police). If the perpetrator is unaware that the victim has sought help in relation to Domestic Abuse then it may be safer to discuss the referral by phone or in person (e.g. disclosures to a midwife).

To supplement these contacts, local areas often produce information for victims referred to the MARAC. In some cases a 'Leaflet Informing the Victim of the MARAC' is provided to the victim on referral where it is safe to do so.

Leaflet informing victims of the MARAC

This might contain:

Definition of a MARAC, including:

- What is the purpose of the MARAC
- Who is referred to the MARAC
- Which agencies would normally attend the MARAC
- How the victim is represented at the MARAC
- The role of the IDVA and how victims can contact them

Confidentiality at the MARAC:

- Define what is meant by confidentiality
- Identify exceptions to confidentiality, including links to Safeguarding Children and Adults

What happens after the MARAC:

- What kind of actions might come from the MARAC
- How will the MARAC help the client

Contact details for IDVA service and local police

Useful contact numbers for your local area and websites

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Name of victim
Address of victim

Date

Dear Ms/Mr ABC

You have been referred to the [insert area name] MARAC, because we believe that you are at high risk of current or future harm because of Domestic Abuse. Domestic Abuse is defined¹ as 'any incident of threatening behavior, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 and over, who are or have been intimate partners or family members, regardless of gender and sexuality.' It can include honour-based violence, female genital mutilation, and forced marriage.

The Multi-Agency Risk Assessment Conference (MARAC) is a meeting that brings together representatives from a number of agencies in the area (both statutory and voluntary) to talk about the safety, health and well-being of people experiencing Domestic Abuse (and their children) and draw up an action plan to make them safer.

Your case has been referred to the MARAC by [insert name of agency] because you have been identified as being at risk of current or future harm from Domestic Abuse. Normally this is because of the things that an abuser is doing or the things they are saying they will do. By referring you to the MARAC, we are trying to make you safer by working with other agencies to get help and support. We hope that you will support this process as with your involvement we can be best placed to address your safety concerns.

Anyone referred to the MARAC is offered support by an IDVA (Independent Domestic Violence Advisor) from [insert area name]. The IDVA's role at the MARAC is to represent your views, act as link between agencies and to ensure that any actions agencies take will make you safer. Ahead of a meeting, they will contact you to talk about your situation, what would make you feel safer and identify any issues that you think should be addressed at the meeting. Usually, they (or sometimes another professional who you know) will contact you to provide feedback about the meeting. You do not attend the meeting yourself, but are represented. Practitioners from a range of statutory or voluntary agencies attend. There is also a protocol between agencies participating in the MARAC which makes it clear what is expected of individual agencies, including how to store, manage and share any information they gain from the MARAC.

We work with many local organisations that may also be able to provide you with help and advice. I am enclosing a list of useful telephone numbers with details of some of these groups.

Yours sincerely,

MARAC Chair

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Appendix 4: Equality & Diversity Impact Assessment Tool



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Equality Impact Assessment Form

Department/Function	Safeguarding Team	
Lead Assessor	Liz Thompson Deputy Head of Safeguarding	
What is being assessed?	Domestic Abuse Support for Staff	
Date of assessment	22/09/2020	
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Network?	NO
	Staff Side Colleague?	YES
	Service Users?	NO
	Staff Inclusion Network(s)?	NO
	Personal Fair Diverse Champions?	NO
	Other (including external organisations):	

1) What is the impact on the following equality groups?

	Positive: ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups	Negative: ➤ Unlawful discrimination / harassment / victimisation ➤ Failure to address explicit needs of Equality target groups	Neutral: ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal?	
Race (All ethnic groups)	Neutral		
Disability (Including physical and mental impairments)	Positive	Whilst evidence suggests that individuals with a disability and /or long term health condition are more at risk of experiencing domestic abuse they appear to be underrepresented locally in relation to domestic abuse service referrals and take up. The Crime Survey for England and Wales showed that both women and men with a long term illness or disability was more likely to be victims of any domestic abuse compared with those without a long term illness or disability.	
Sex	Neutral		
Gender reassignment	Neutral	There is not enough local data available in order to make a judgement about domestic abuse prevalence for individuals who are affected by gender reassignment. Specifically, there is no evidence of reports from commissioned services that monitor against this protected characteristic.	
Religion or Belief	Positive	There is minimal local data relating to domestic abuse and religion and/or belief. However, there are clear links to FGM; this policy	

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		supports staff to help citizens who come forward and seek help.
Sexual orientation	Positive	Lesbian and bi-sexual women experience domestic abuse at a similar rate to women in general (1 in 4), although a third of this is associated with male perpetrators. Compared with 17% of men in general, 49% of gay and bisexual men have experienced at least 1 incident of domestic abuse and abuse within same-sex relationships. National data suggests that whilst patterns of abuse are similar across heterosexual and homosexual relationships, that LGB individuals are less likely to come forward and ask for support. This may be because individuals are fearful of discrimination and a lack of understanding about their specific needs if they come forward. Some people who are LGB may be at higher risk from honour-based abuse but again maybe fearful of exacerbating the situation if they come forward. Making disclosures may be harder for older LGB people who have not disclosed their sexual orientation previously.
Age	Neutral	
Marriage and Civil Partnership	Positive	Domestic abuse is higher amongst individuals who have separated. The point of separation and the following two years after separation are the highest risk times to the victim due to the perpetrator's loss of control; increasing violence and abuse are attempts to regain it, his policy supports staff to help citizens who come forward and seek help.
Pregnancy and maternity	Positive	Nearly 1 in 3 women who experience domestic abuse report that the first incidence of violence happened when they were pregnant, this policy supports staff to help women who come forward and seek help.
Other (e.g. caring, human rights)	Neutral	
2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	<p>The evidence highlights that certain groups may be disproportionately impacted by domestic violence or certain forms of abuse. The policy has therefore been adjusted to have a positive impact for these groups.</p> <p>This policy aims to ensure that the working environment promotes the view that domestic violence is unacceptable and will not be tolerated. In addition we recognise that domestic abuse can affect an individual's work performance and that as an employer we have responsibility for health, safety and welfare of staff at work and seek to provide support to those affected; this policy provides the mechanism for the provision of such support</p>	
3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.		
<p>➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups</p> <p>➤ This should be reviewed annually.</p>		

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Version No: 1	Next Review Date: 01/09/2023	Title: Domestic Abuse – Support for Staff
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Action Plan Summary		
Action	Lead	Timescale

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.

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