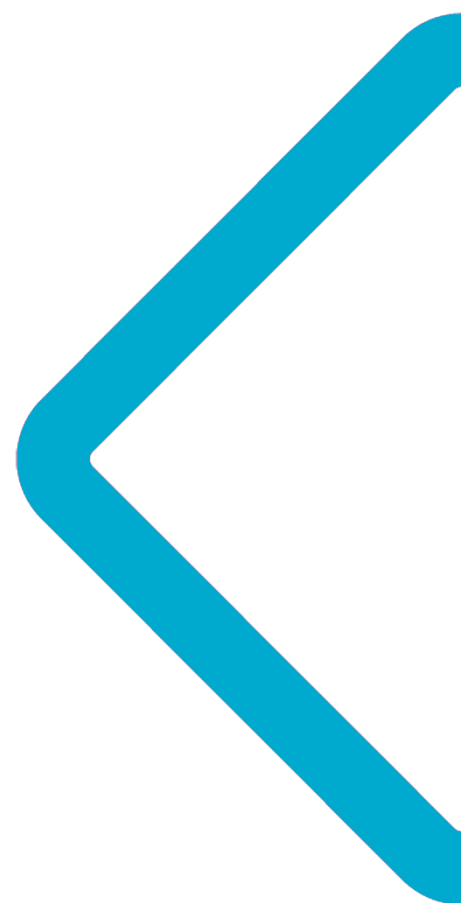


Domestic Abuse Support for Employees Policy

September 2022



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1. INTRODUCTION

- 1.1. Domestic abuse can happen to anyone, regardless of age, background, gender, religion, sexuality, or ethnicity. Statistics illustrate most reported domestic abuse is carried out by men and experienced by women. In the year ending March 2020, it is estimated that 1.6 million females and 757,000 males aged 16 to 74 years experienced domestic abuse. According to a Home Office Report between April 2020 and March 2021 there were 215 victims killed because of domestic abuse.

- 1.2. It is NHS Cheshire and Merseyside Integrated Care Boards commitment that every employee who is experiencing or has experienced domestic abuse has the right to raise the issue with their employer in the knowledge that we will treat the matter effectively, sympathetically, and confidentially. This policy also covers the approach we will take where there are concerns that an employee may be the person who causes harm in domestic abuse.

- 1.3. We are committed to developing a workplace culture that recognises that some employees will be experiencing domestic abuse and that the workplace should be a place of safety and one that recognises that people who harm of domestic abuse are responsible for their behaviour and for addressing this.

- 1.4. Through this policy and working to reduce the risks related to domestic abuse, we aim to create a safer workplace and send out a strong message that domestic abuse is unacceptable. This policy is part of our 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 the Integrated Care Boards as an employer of choice. Under the Health and Safety at Work Act (1974), the Management of Health and Safety at Work Regulations (1998), Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995) and the Health and Safety (Consultation with Employees) Regulations (1996) We recognise or legal responsibilities in promoting the welfare and safety of all staff. Therefore, this policy applies to Integrated Care Boards staff as well as students, agency, volunteers, and contract staff.

- 1.5. This policy should be read in conjunction with:
 1. NHS Cheshire and Merseyside Integrated Care Board Safeguarding Children, Adults at Risk and Children in Care Policy

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2. NHS Cheshire and Merseyside Integrated Care Board Managing Allegations Against Staff Policy.
3. NHS Cheshire and Merseyside local authorities Multi agency Domestic Abuse Strategies and procedures.
4. NHS Cheshire and Merseyside local authority's multi-agency Safeguarding policies and procedures.

2. PUPOSE AND SCOPE

- 2.1. This policy is intended as a resource for all staff and volunteers working for NHS Cheshire and Merseyside Integrated Care Board affected by domestic abuse or those who are concerned it may be affecting their colleagues.
- 2.2. This policy should not be used as a diagnostic tool, nor as therapeutic intervention, but is intended to raise awareness of the duties, roles and responsibilities, staff, line managers and the Integrated Care Boards have when recognising and responding to domestic abuse.
- 2.3. This policy aims to ensure that people who are harmed or people that cause harm in domestic abuse situations are aware of the support available to them within the Integrated Care Board, as well as signposting to external agencies where appropriate, while providing guidance for line managers on how to appropriately support staff.
- 2.4. This policy also includes direction in section 10 to safeguarding considerations and who to contact if you need to make a safeguarding referral to the local authority for a child (section 12) or adult at risk (section 13).
- 2.5. This document also provides advice when a manager becomes aware that a member of their staff is alleged (or otherwise identified e.g., through self- reporting to their manager) to be an alleged person who causes harm in domestic abuse.
- 2.6. The Integrated Care Board supports the view that all NHS organisations should be helping to identify violence and abuse earlier to offer support to those affected. Domestic abuse has the potential to affect every member of staff and on this basis, this guidance

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is fully inclusive, applying to all employees equally. Integrated Care Board staff should be aware of this policy and act accordingly through the management structure to respond to suspicions of, or actual domestic abuse experienced or perpetrated either by themselves or their colleagues within the parameters of this policy, related policies, legal requirements plus their own professional regulators' guidance.

- 2.7. Domestic abuse happens in all communities, regardless of gender, age, disability, gender reassignment, race, religion or belief, sexual orientation, marriage or civil partnership and pregnancy and there is a need to address domestic abuse consistently, regardless of who may be making the allegations

3. DEFINITIONS

- 3.1. The Domestic Abuse Act 2021 creates, for the first time, a cross-government statutory definition of domestic abuse, to ensure that domestic abuse is properly understood, considered unacceptable and actively challenged across statutory agencies and in public attitudes.
- 3.2. It is defined across Government as *“Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 years or over who are or who have been intimate partners or family members, regardless of gender or sexuality. The abuse can encompass but is not limited to psychological, physical, sexual, financial, or emotional abuse.”* (Domestic Abuse Act 2021)
- 3.3. This definition includes stalking and so called ‘honour’ based violence, female genital mutilation and forced marriage otherwise known as Harmful Practices.
- 3.4. Often, when people hear the term ‘domestic abuse’ they picture acts of physical violence, but there is also a more subtle form of behaviour that is equally harmful. Since 2015, the offence of coercive and controlling behaviour within a relationship has been illegal in England and Wales. While this abuse takes many forms, it typically involves manipulation, humiliation, intimidation, and isolation to control and instil fear in people who are harmed, leaving lasting effects.
- 3.5. Domestic abuse can result in lasting trauma for victims and their extended families, especially children and young people who may not see the abuse but may be aware of it or hear it occurring. The Domestic Abuse Act 2021 makes clear that children irrespective of whether they are injured or see the offending are deemed to be victims of domestic

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abuse if they live in an abusive household. The impact of domestic abuse can range from loss of self-esteem to loss of life.

- 3.6. **Harmful practices** are a collective term for several different forms of abuse which all share a similar characteristic, that they are seen as acceptable practices within sections of society. Harmful practices can cover, amongst other forms of abuse, child marriage, forced marriage, female genital mutilation, breast flattening/ironing, hate crimes, child abuse linked to faith or belief and so called “honour-based” abuse.
- 3.7. **Female Genital Mutilation** refers to procedures that intentionally alter and cause injury to the female genital organs for non-medical reasons. It is classed as child abuse and leads to severe short and long term physical and psychological consequences and is illegal within the UK, as is taking a child abroad to undergo this practice.
- 3.8. The Serious Crime Act 2015 introduced a duty on all registered health and social care professionals to notify the police of any known cases where female genital mutilation has taken place on a child (i.e., anyone under the age of 18 years). It is therefore your duty to report it directly to the Police, as well as notifying your designated safeguarding lead/team. If you believe there is a risk of a child being taken away for female genital mutilation you contact the Place local authority immediately, without seeking consent from the family.
- 3.9. For more information on Female Genital Mutilation please see: [Multi Agency Statutory Guidance on Female Genital Mutilation](#)
- 3.10. **So called “Honour” Based Abuse**
So called honour based abuse is an incident or crime involving violence, threats of violence, intimidation, coercion, or abuse (including psychological, physical, sexual, financial, or emotional abuse), which has or may have been committed to protect or defend the honour of an individual, family and or community for alleged or perceived breaches of the family and / or community’s code of behaviour. It can be distinguished from other forms of abuse as it is often committed with some degree of approval and / or collusion from family and/or community members.
- 3.11. This type of violence and abuse includes physical, emotional, financial, and sexual abuse of the victims. Victims may have multiple perpetrators inside and outside of the United Kingdom; Honour based abuse can also be a trigger for a forced marriage.

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- 3.12. Professionals should respond in the same way to cases of so called honour based abuse as with domestic abuse.
- 3.13. A **Forced Marriage** is one where either or both parties do not, or in cases of people with learning disabilities or dementia, cannot, consent to the marriage and pressure or abuse is used against them. Forced marriage, as distinct from a consensual 'arranged' one, is a marriage conducted without the full consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds. It is illegal in the UK and recognised as a form of abuse and a serious abuse of human rights. Forced Marriage is an offence under Section 121 of the Anti-Social Behaviour, Crime and Policing Act (2014).
- 3.14. If a person does not consent or lacks capacity to consent to marriage, that marriage must be viewed as a forced marriage whatever the reason for it taking place. Capacity to consent can be assessed and tested but is time-and-decision specific. Professionals should respond in the same way to forced marriage as with domestic abuse.
- 3.15. If you are worried about someone being forced into a marriage, contact the police on 101 or contact the Forced Marriage Unit at the Foreign and Commonwealth Office. (Telephone: 020 7008 1500. From overseas: +44 (0)20 7008 1500).
- 3.16. **If the person involved is a child or adult at risk who is at risk of female genital mutilation, so called honour-based abuse or forced marriage then please follow your local safeguarding reporting procedures or contact our safeguarding service without delay.**
- 3.17. **Stalking and Harassment**
 This can be defined as persistent and unwanted attention that makes someone feel pestered and harassed. It includes behaviour that happens two or more times, directed at or towards the individual by another person, which causes them to feel alarmed or distressed or to fear that violence might be used against them. Your local domestic abuse and safeguarding procedures should be followed in where there are concerns of stalking and harassment.
- 3.18. **Domestic Homicide Review**
 There are circumstances where domestic abuse causes harm to a person resulting in death and a Domestic Homicide Review would need to be instigated. Domestic Homicide Reviews were established on a statutory basis under Section 9 of the Domestic Violence,

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Crime and Victims Act (2004) and came into force in 2011 and statutory guidance (Department of Health 2013).

3.19. In cases where Domestic Abuse is thought to have contributed to the death of a person a review is commenced. Domestic Homicide Reviews are managed by the Home Office and are meant to identify learning to prevent future harm. A ‘domestic homicide review’ means a review of the circumstances in which the death of a person aged 16 years or over has, or appears to have, resulted from violence, abuse, or neglect by:

1. A person to whom they were related or with whom they were or had been in an intimate personal relationship, or
2. A member of the same household as themselves

3.20 A Domestic Homicide Review is a legal requirement, established to ensure agencies are responding appropriately to victims of domestic abuse by offering and putting in place appropriate support mechanisms, procedure, resources, and interventions. To avoid future incidents of domestic homicide and abuse multi agencies must work together to:

- a. establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard the person harmed
- b. clearly identify what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result
- c. apply those lessons to service responses including changes to inform national and local policies and procedures as appropriate
- d. prevent domestic abuse and homicide and improve service responses for people who are harmed through domestic abuse and their children by developing improved intra- and inter-agency working.

3.20. Following the completion of a review, approval from a Home Office quality assurance panel, our Local Community Safety Partnerships are required to publish the anonymised executive summary and action plans.

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4. ROLES AND RESPONSIBILITIES

Chief Executive

The Chief Executive is the accountable officer for safeguarding. It is the responsibility of the Accountable Officer and their Directors to ensure that this policy is enforced.

Director of Nursing and Care

The Director of Nursing and Care has the responsibility to:

- a. Maintain an overview of the corporate ratification and governance process associated with the policy.
- b. Ensures that the policy is applied fairly, consistently and in a non-discriminatory manner

Human Resources

Human Resources has the responsibility to:

- a. Liaise with the Safeguarding Service for the development, implementation, and review of the policy.
- b. Provide advice and guidance to managers and employees in relation to this policy.
- c. Ensure the policy and procedure is reviewed and updated as required in view of employment regulations

ICB Safeguarding Service

The ICB Safeguarding Service has the responsibility to:

- a. Offer expert safeguarding guidance and support to managers and Human Resources in relation to this policy
- b. Ensure the policy and procedures is reviewed and updated as required in in view of domestic abuse and safeguarding regulations
- c. Liaise with the Human Resources Service for the development, implementation, and review of the policy.
- d. Ensure appropriate safeguarding training is available to all ICB staff appropriate to their role, to recognise and respond to domestic abuse as per the Safeguarding Intercollegiate documents for children and adults

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Line managers

All line managers have a responsibility to:

- a. be aware of this policy and be able to apply it when they suspect or have identified a staff member who has been harmed or has harmed in regard to domestic abuse
- b. Ensure employees are aware of this policy including referring new employees to the policy as part of their induction process
- c. make it clear that employees will be supported and to outline what help is available and from where,
- d. escalate the concern as appropriate.
- e. seek support from our Safeguarding Service and/or Human Resources regarding any disclosures of domestic abuse.

All Integrated Care Board Staff

All staff have a responsibility to:

- a. escalate to their line manager or seek advice from our Safeguarding Service any suspicion that a colleague may be a potential or actual victim, or a perpetrator, of domestic abuse.
- b. be aware of this policy, and know how to escalate appropriately to seek advice, guidance, and support when they are unsure what to do.
- c. In the course of their duties staff may have contact with service users and/or colleagues from elsewhere in the service about who they form concerns. In these circumstances support should be sought from their line manager or safeguarding service
- d. undertake relevant safeguarding training appropriate to their role, to recognise and respond to domestic abuse as per the Safeguarding Intercollegiate documents for children and adults

5. IDENTIFICATION OF EMPLOYEES EXPERIENCING DOMESTIC ABUSE

5.1. Integrated Care Board employees may become aware an employee is experiencing domestic abuse in a variety of different ways. These may include:

- a. The employee disclosing domestic abuse directly to their manager or a colleague.
- b. An employee may inform their manager that a colleague is experiencing domestic abuse

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- c. The situation may become known during discussions about a different workplace concern such as sickness absence, injury, timekeeping, performance, change in behavior, etc.
- d. Other statutory processes e.g., People in Position of Trust concern raised to the Local Authority Designated Officer or Head of Adult Safeguarding, Multiagency Risk Assessment Conference.

5.2. Possible signs of domestic abuse include:

- a. Receiving repeated upsetting calls, texts, emails, or visits to the workplace
- b. Needing regular time off for appointments
- c. Unexplained bruises or injuries
- d. Avoiding lunch breaks or socialising outside of work
- e. Loss of self-esteem or confidence
- f. Increased absenteeism
- g. Substance misuse
- h. Financial hardship
- i. Changes in quality of work for no explained reason
(Please note this is not an exhaustive list.)

5.3. It is essential to understand that any of the above may arise from a range of circumstances of which domestic abuse may be one. Managers involved should address the issue positively and sympathetically ensuring that the employee is aware that support and assistance can be provided.

5.4. We encourage all employees to report if they suspect a colleague is experiencing domestic abuse or causing harm. Employees should speak to their line manager about their concerns in confidence. In dealing with a disclosure from a colleague, we will ensure that the person with concerns is made aware of the existence of this policy.

6. CONFIDENTIALITY AND RIGHT TO PRIVACY

6.1. NHS Cheshire and Merseyside Integrated Care Boards respects an employee’s right to privacy and recognises the importance of maintaining confidentiality to protect the safety of an employee and any associated children or adults who may be experiencing domestic abuse. However, in certain circumstances including those of child protection or the protection of adults at risk from abuse, relevant safeguarding authorities may need to be informed. Complete confidentiality therefore cannot be guaranteed in these situations.

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- 6.2. In some circumstances it may be necessary to disclose certain information to other services to protect the employee or where children or adults at risk are concerned. In these cases, the manager will seek specialist advice from our Safeguarding Service and/or Human Resources and/or local authority People in Position of Trust Leads before doing so.
- 6.3. If it is necessary to disclose certain information the manager will discuss with the employee, the reasons why. Information will only be disclosed on a need-to-know basis and will be proportionate. Any decision to disclose without consent (if a colleague is at serious risk of injury or death or child/ adult at risk may be at risk of significant harm should be documented).
- 6.4. There are, however, additional circumstances in which confidentiality cannot be assured. This may occur when there are concerns whereby Integrated Care Boards is required to protect the safety of their staff, or where staff members disclose, they are a perpetrator of abuse. In these circumstances, the member of staff will be informed as to the reasons why confidentiality cannot be maintained.
- 6.5. Employees can be assured that the information they provide will not be shared with other employees without their agreement. In some cases, it may be advisable to share some information with colleagues, but this should always be following discussion and agreement with the employee. For example, it may be helpful for colleagues to know how to respond in cases where the alleged perpetrator of the abuse tries to contact the employee at work. In all cases the employee must agree which specific details can be shared with colleagues. The team must be made aware that the information is to be kept strictly confidential.
- 6.6. All records concerning domestic abuse will be kept strictly confidential. No local records will be kept of absences related to domestic abuse and there will be no adverse impact on the employment records of person experiencing domestic abuse. Should an employee wish for records to be kept, their request will be noted in writing and a copy of the same placed on their personal file.
- 6.7. All incidents of violence or threatening behavior or breaches of security in the workplace should be recorded and retained for evidence purposes if required. The record must be clear, accurate and include dates, times, locations, and any witnesses. Any breaches of orders, for example, non-molestation orders should also be noted.

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7. SUPPORT FOR EMPLOYEES EXPERIENCING DOMESTIC ABUSE

- 7.1. Support is available to employees involved in domestic abuse through line managers, Human Resources, employee health and wellbeing and Trade Union or Staff Representatives. Employees are encouraged to seek support from their line manager in the first instance however it is recognised that an employee may be more comfortable seeking support from other sources, which can be accessed by contacting the relevant departments/ organisations directly. It must be recognised that the employee may need some time to decide what to do and may try many different options during this process.
- 7.2. If you suspect that a member of staff is experiencing domestic abuse, you should facilitate a conversation to discuss this and identify / implement appropriate support. Often staff will not feel confident in speaking up, so making the first move to begin a conversation can be key; Research in domestic abuse highlights that people do want to be asked. **Please see Appendix 1** on what to do when supporting your staff member.
- 7.3. In supporting the employee, the line manager must: -
- a. Provide initial support in a sensitive and non-judgmental manner.
 - b. Listen, reassure, and take seriously what is being disclosed.
 - c. Engage the support of Human Resources and Employee Health and Wellbeing if the employee consents for management advice on fitness for work and to instigate support, where appropriate.
 - d. Inform the individual employee of support available from the Integrated Care Boards health and wellbeing services and how to access it.
 - e. Respond in a sensitive and supportive way and ensure the employee is provided with current information on policies and aware of all the options open to them.
 - f. Ensure that the person’s safety and wellbeing is prioritised.
 - g. Ensure all discussions take place in private face to face and are kept confidential (subject to the requirements of child and adult protection)
 - h. Discuss the specific steps that can be taken to help the employee stay safe in the workplace and at times when they may be working from a virtual platform at home.
 - i. If an employee needs to be absent from work due to domestic abuse, the Integrated Care Board will make every effort to assist by adjusting working patterns where possible.

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- j. Line Managers are encouraged to first explore paid leave options to help the employee cope with the situation.
- k. Depending on circumstances, leave options may include arranging flexible work hours and using Special Leave (in line with Human Resources policy). Unpaid leave should also be considered where other leave options have been exhausted.

7.4. It must be recognised that the employee may need some time to decide what to do and may try many different options during this process. Other existing provisions (including occupational health, independent counselling services) will also be signposted to staff as a means of help.

7.5. Safeguarding support and supervision for the Integrated Care Boards staff is also available from the Integrated Care Boards safeguarding service. It is recognised that the subject of domestic abuse may be personal or highly emotive for some members of staff and they may need further support.

8. Employees Who Cause Harm in Domestic Abuse

8.1. Employees should be aware that domestic abuse is a serious matter that can lead to criminal convictions. Conduct outside of work can lead to disciplinary action against an employee. Where there is a possibility that an employee is a person who causes harm in domestic abuse, an investigation into the facts of the situation will take place. Detailed guidance for instigating and carrying out investigations is in the Integrated Care Boards Disciplinary Policy and Procedure.

8.2. If an employee approaches the organisation about their abusive behaviour, we will provide information about the services and support available to them and will encourage them to seek support and help from an appropriate source. Access to support is available through reasonable time off to participate in a prescribed programme and the support of Occupational Health.

8.3. The Integrated Care Boards will treat any allegation, disclosure, or conviction of a domestic abuse related offence on a case-by-case basis with the aim of reducing risk and supporting change.

8.4. There are four potential strands in the consideration of an allegation:

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1. a police investigation of a possible criminal offence
2. disciplinary action by the employer
3. providing specialist, safety-focused counselling
4. identifying risk.

8.5. Managers and Human Resources will consider if it is necessary to temporarily relocate or redeploy an employee who works with vulnerable groups such as children, adults at risk and families, until the investigation has been completed. The Integrated Care Board views the use of violence and abusive behaviour by an employee, wherever this occurs, as a breach of the organisation’s code of conduct for disciplinary purposes.

8.6. There may also be circumstances where such behaviour by a regulated professional might indicate a potential risk to patients or service users or bring the profession into disrepute or breach a professional code of conduct. Where an employer is aware of such misconduct, they should report it to the appropriate professional regulator. There may also be a mandatory obligation on the professional to self-refer if they receive any police caution or conviction, and for the police to report such action if they are aware an individual is regulated (based on requirements for health and social care professionals regulated by the Health and Care Professions Council, Nursing and Midwifery Council and General Medical Council)

8.7. NHS Cheshire and Merseyside Integrated Care Board Managing Allegations Policy should also be read in conjunction with this policy in view of People in Positions of Trust and consideration of liaising with and/or reporting concerns to the Local Authority Designated Officer for Children or Head of Adult Safeguarding if the allegations are against anyone, who works in either a paid or unpaid capacity with children and families or adults with care and support needs.

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9. DOMESTIC ABUSE SUPPORT SERVICES CONTACT DETAILS FOR PEOPLE WHO ARE HARMED AND PEOPLE WHO CAUSE HARM

Place	Referral Links and Assessment toolkits	DA Webpage links
Cheshire East	Cheshire East Domestic Abuse Services Referral Toolkit	Cheshire East Domestic Abuse Hub
Cheshire West and Chester	Cheshire West and Chester MARAC Referral	Cheshire West and Chester Council Domestic Abuse page
Halton	Halton DA MARAC toolkit	Halton Borough Council Domestic Abuse page
Knowsley	Knowsley assessment & MARAC referral	Knowsley Council domestic Abuse page
Liverpool	Liverpool Professionals Referral for high-risk victims of domestic abuse	Liverpool Council Domestic Abuse page
Sefton	Sefton links to MARAC and IDVA Referral forms and DA toolkit	Sefton Council Domestic Abuse page
St Helens	St. Helens DA Procedures, Protocols and Supporting Documentation	Safer St Helens Domestic abuse page
Warrington	Warrington Safeguarding Partnerships - MARAC Referral links	Warrington Council Domestic abuse page
Wirral	Wirral contact to make a MARAC referral	Wirral Council Domestic Abuse page

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10. REPORTING SAFEGUARDING CONCERNS FOR CHILDREN AND ADULTS AT RISK

- 10.1 Where there are concerns of domestic abuse it is important that staff and volunteers consider safeguarding children and adults at risk procedures and can identify, assess and manage risks when dealing with safeguarding concerns. Furthermore, staff should report and respond to these at the appropriate level.
- 10.2 Please note professionals may be asked to complete online safeguarding referral forms by the relevant local authority. For more information on safeguarding please see the NHS Cheshire and Merseyside Safeguarding Children, Adults at Risk and Children in Care Policy.

11. NHS CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD SAFEGUARDING SERVICE CONTACT DETAILS

Place	Generic Safeguarding E-mail Addresses
Cheshire East and Cheshire West & Chester	cheshireccg.safeguardadmin@nhs.net
Halton and Warrington	cmicb-war.halccg.safeguarding@nhs.net
Knowsley	knccg.knowsleydesnurses@nhs.net
Liverpool	safeguardingservice.liverpool@nhs.net
Sefton	Safeguardingservice.sefton@nhs.net
St Helens	sthccg.safeguarding@nhs.net
Wirral	WICCG.Safeguarding@nhs.net

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12 CHESHIRE AND MERSEYSIDE LOCAL AUTHORITIES SAFEGUARDING CHILDREN CONTACT DETAILS

Children's Social Care by Place	Telephone	Out of Hours contact details	Website links and online referral forms
Cheshire West and Chester	0300 123 7047 Integrated Access and Referral Team (8:30am-5:30pm Monday to Thursday, 8:30am-4:30am every Friday)	01244 977277 (Emergency duty team for all other times including bank holidays)	Cheshire West and Chester Council
Cheshire East	0300 123 5012 Cheshire East Consultation Service (8:30am-5pm Monday to Thursday, 8:30am-4:30pm every Friday)	0300 123 5022 (Emergency duty team for all other times including bank holidays)	Cheshire East Council
Halton	0151 907 8305, Monday – Thursday 9am-5pm, Friday 9am-4:30pm.	0345 050 0148 (Emergency duty team for all other times including bank holidays)	Halton Borough Council Website CSC
Knowsley	0151 433 2600 Monday- Friday 9am-5pm	0151 443 2600 (Emergency duty team for all other times including bank holidays)	Knowsley Council Website
St Helens	01744 676600 Monday to Friday 9am - 5pm	0345 0500 148 (Emergency duty team for all other times including bank holidays)	Concerned about a child's safety or welfare - St Helens Council

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Children's Social Care by Place	Telephone	Out of Hours contact details	Website links and online referral forms
Liverpool	0151 233 3700 24 hours a day, 7 days a week.	0151 233 3700 24 hours a day, 7 days a week.	Children at risk - Liverpool City Council Professionals: Children's social care referrals - Liverpool City Council
Sefton	0151 934 4013/ 4481 Mon- Thurs 9am-530pm, Fri 9am- 5pm	0151 934 3555 (Emergency Duty Team Mon – Thurs from 5.30pm, Fri from 5pm, weekends and bank holidays)	Sefton Council Website Sefton MASH Referral Form
Warrington	01925 443322, press one and say MASH Mon- Fri 9am-5pm	01925 444400 (Emergency duty team for all other times including bank holidays)	Children and Families Request for Support - My Warrington
Wirral	0151 606 2008 Monday to Friday, 9am to 5pm	Telephone: 0151 677 6557 (Emergency duty team for all other times including bank holidays)	Wirral Council Children's Social Care Website Link

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13. CHESHIRE AND MERSEYSIDE LOCAL AUTHORITIES SAFEGUARDING ADULTS CONTACT DETAILS

Adult Social Care by Place	Telephone	Out of hours details	Website links and online referral forms
Cheshire West and Chester	0300 123 7034 Cheshire West Community Access Team (8:30am-5pm Monday to Thursday, 8:30am-4:30pm every Friday)	01244 977277 (Emergency duty team for all other times including bank holidays)	Cheshire West and Chester Council
Cheshire East	0300 123 5010 (8:30am-5pm Monday to Thursday, 8:30am-4:30pm every Friday)	0300 123 5022 (Emergency duty team for all other times including bank holidays)	Cheshire East Council
Halton	0151 907 8306 Monday- Fri 9am-5pm	0345 050 0148 (Emergency duty team for all other times including bank holidays)	Halton Borough council website
Knowsley	0151 443 2600 24 hours a day, 7 days a week	0151 443 2600 24 hours a day, 7 days a week	Knowsley Safeguarding Adults
St Helens	01744 676767 9:00am to 5:00pm, Monday to Friday	0345 0500 148 (Emergency duty team for all other times including bank holidays)	Report a concern - St Helens Council
Liverpool	0151 233 3800 24 hours a day, 7 days a week	0151 233 3800 24 hours a day, 7 days a week.	Report an adult at risk - Liverpool City Council

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Adult Social Care by Place	Telephone	Out of hours details	Website links and online referral forms
Sefton	0345 140 0845 (9am-5.30pm Monday to Thursday, 9am-4pm every Friday) Sefton Safeguarding Adults Referral form for Professionals	0151 934 3555 (Emergency duty team for all other times including bank holidays)	Sefton Council Website
Warrington	Warrington Adult Social Care First Response Team 01925 443322 8.30am – 5pm (Monday – Thursday) 8.30am – 4.30pm (Friday)	Warrington Adult Social Care, out of hours: 01925 444400 5pm – 8.30am (Monday – Friday) 24 hours weekends and bank holidays	Warrington Council Adult Social Care Website
Wirral	0151 514 2222 (option 3), Monday to Friday 8:50am to 5:00pm	0151 677 6557 (Emergency duty team for all other times including bank holidays)	Wirral Council Adult Social Care website link

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APPENDIX 1: WHAT TO DO TO SUPPORT AN EMPLOYEE

When supporting an individual experiencing domestic abuse, find a confidential place to talk. Ensure you cannot be overheard or interrupted. Check if the individual is happy to talk to you or whether they would prefer to speak to someone else. Be careful if you are holding a virtual meeting as you cannot guarantee the person is alone in the room which may compromise their safety. We advise concerns are discussed face to face.

You should ask the member of staff indirect questions, to help establish a relationship and develop empathy. Below are some examples of questions that could be used and ways of initiating support:

- a. How are you doing at the moment?
- b. Are there any issues you would like to discuss with me?
- c. I have noticed recently that you are not yourself. Is anything the matter?
- d. Are there any problems or reasons that may be contributing to your frequent sickness absence / under-performance at work?
- e. Is everything all right at home?
- f. I have noticed some bruises/injuries – can I ask how did you get these?
- g. Has somebody hurt you/ Do you feel safe?
- h. Ask what support might help?
- i. Inform the employee of the existence of this policy and of the support available to them from their Manager, Human Resources, Occupational Health and ask if they want support from the Staff Side Representatives.
- j. Ask the employee what they want to do, if anything, and respect their decision unless there is risk of severe injury or death to the employee or child/adult.
- k. Ask and encourage the employee to report it to the Police.
- l. Ask the employee if they need to seek medical attention.
- m. Offer a Domestic Abuse Risk Assessment Tool- up to date individual place tools can be found in the Domestic Abuse Support Services section in this policy.
- n. Advise employee of flexible working options which may be available. Advise that changes to the way a salary is paid can be requested in certain circumstances.
- o. Check with the staff whether it is beneficial to find a safe alternative member or contact address.
- p. Seek advice from Human Resources and /or Integrated Care Board Safeguarding Service.

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Responding and Reporting Domestic Abuse

- a. Consider Immediate safety – could the person and/or children be at risk if they return home? If yes contact local police on 999 or 101.
- b. Safety of the person can be supported through domestic abuse support services – if they give consent make a referral or signpost to your local domestic abuse service (links in Section 9 and Appendix 2).
- c. Offer and complete the Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Assessment to determine referral to a local Multi-Agency Risk Assessment Conference.
- d. The Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Assessment forms are available on the SafeLives page <http://www.safelives.org.uk/> or via the local links in Section 9 and Appendix 2
- e. Follow safeguarding procedures for children, pregnancy and adults at risk.
- f. Encourage consent for information sharing – if consent given, share and exchange information with other professionals working with the adult and/or children. If in doubt seek support from your ICB safeguarding team or see information sharing section of the ICB Safeguarding Children, Adults at Risk and Children in Care Policy

All Integrated Care Board employees must refer to this policy and seek advice from their manager where they have concerns about an employee's or others safety or well-being in relation to domestic abuse whether they are a person who is being harmed or a person who is causing harm.

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APPENDIX 2: RISK ASSESSMENT AND SAFETY PLANNING

The manager as part of any risk assessment will consider: -

- a. What immediate measures need to be taken to protect the employee at work
- b. The impact the situation may have on colleagues and their safety
- c. The practical support required to enable the employee to undertake their duties.
- d. Are there any safeguarding concerns for the employee's own children or adults at risk who may be being exposed to domestic abuse.

Managers should bear in mind that the person may be targeted at the workplace therefore, once a manager is made aware of domestic abuse the manager should discuss with the employee whether there is any risk to the employee whilst at work. These incidents may involve violent partners or ex-partners visiting the workplace, abusive phone calls, or intimidation or harassment of an employee by an alleged perpetrator. If the employee believes this to be the case, the manager should seek advice in carrying out a risk assessment and taking action to minimise risks in the workplace.

The manager or most appropriate member of the Integrated Care Board must offer the employee the opportunity to have a local place based domestic abuse assessment via the Domestic Abuse, Stalking and Honour Based Violence Risk Identification Checklist. This will indicate the level of risk and aid the provision of support. Links to individual place tools can be found below. If the risk is not assessed as high, then the person's consent is required for the form or information to be shared with other domestic abuse services.

In addition to appropriate referral to specialist domestic abuse services, those assessed as high risk may be referred to the Multi-Agency Risk Assessment Conference. High risk is determined by the score on the checklist or by the professional's judgement. By determining whether a person is at risk of immediate harm or homicide, professionals are able to work together to safeguard the person experiencing domestic abuse and their family.

A multi-agency risk assessment conference is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors, and other specialists from the statutory and voluntary sectors.

After sharing all relevant information about the person, representatives discuss options for increasing safety for the individual and turn these options into a coordinated action plan. The primary focus of the Multiagency Risk Assessment Conference is to safeguard the adult.

The impact of domestic abuse on children and adults at risk should be considered in assessment and child and/or adult at risk safeguarding procedures must be followed

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alongside the Multiagency Risk Assessment Conference referral.

The staff member should be made aware there is help and support is available to them no matter what level of risk is determined by the risk assessment tool.

Possible safety measures might include:

- a. Keep a record of any incidents of abuse in the workplace, including persistent telephone calls, emails, or visits to the workplace.
- b. Reminding reception staff or switchboard not to divulge information about employees, especially personal details such as addresses, telephone numbers or shift patterns. In the event of enquiries from other agencies, these should be responded to on a 'ring back' basis.
- c. Wherever practical, offering temporary or permanent changes in the workplace, work times and patterns, helping to make the employee less at risk at work and in their journeys to and from work. This could include changes to the office layout to ensure that the employee is not visible from reception points or from ground floor windows.
- d. Wherever practical, offering changes in specific duties, such as answering phones or working in reception area, or in exceptional circumstances, redeployment to another post if an alternative is not easily found.
- e. Agreeing what to tell colleagues and how they should respond if the abuser rings or calls at the workplace. Providing colleagues, including caretakers, porters, security staff with a photograph of the abuser and other relevant details such as car registration numbers may help them to maintain security in the workplace.
- f. Making sure that the systems for recording staff whereabouts during the day are adequate and if the work requires visits outside the office, considering if this poses any additional risks.
- g. In a situation whereby the employee is working via a hybrid model of virtual and face to face, this needs to be considered in any assessments and contingencies for safety plans.
- h. Recording any incidents of harassment and /or violence in the workplace, including persistent phone calls, emails, or visits, to an employee by their abusive partner/ex-partner. You should also note the details of any witnesses to these incidents. These records could be used if the employee wants to press charges or apply for an injunction against the alleged perpetrator. If the actions of an alleged perpetrator of domestic abuse impinge on the health and safety of staff within or near the workplace, then the employer could also apply for an injunction.

If a person is identified as high risk a referral should be made to Multiagency Risk Assessment Conference (see Section 9 and below for links to referral toolkits/forms) and safeguarding agencies if there is/are any children under 18 years or an adult at risk who are at risk. It must be ensured the person is safe to return home, ensure you consider Immediate safety – could the person and/or children be at risk if they return home? If yes contact local police on 999 or 101.

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Place	Referral Links and Toolkits	DA Webpage Links
Cheshire East	Cheshire East Domestic Abuse Services Referral Toolkit	Cheshire East Domestic Abuse Hub
Cheshire West and Chester	Cheshire West and Chester MARAC Referral	Cheshire West and Chester Council Domestic Abuse page
Halton	Halton DA MARAC toolkit	Halton Borough Council Domestic Abuse page
Knowsley	Knowsley assessment & MARAC referral	Knowsley Council domestic Abuse page
Liverpool	Liverpool Professionals Referral for high-risk victims of domestic abuse	Liverpool Council Domestic Abuse page
Sefton	Sefton links to MARAC and IDVA Referral forms and DA toolkit	Sefton Council Domestic Abuse page
St Helens	St. Helens DA Procedures, Protocols and Supporting Documentation	Safer St Helens Domestic abuse page
Warrington	Warrington MARAC Referral	Warrington Council Domestic abuse page
Wirral	Wirral contact to make a MARAC referral	Wirral Council Domestic Abuse page

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APPENDIX 3: SIGNS OF DOMESTIC ABUSE FOR EMPLOYERS

<p>Physical signs</p> <ul style="list-style-type: none"> ▪ Visible bruising or single or repeated injury with unlikely explanations ▪ Change in the pattern or amount of make-up used ▪ Change in the manner of dress: for example, clothes that do not suit the climate which may be used to hide injuries ▪ Substance use/misuse ▪ Fatigue/sleep disorders
<p>Work productivity signs:</p> <ul style="list-style-type: none"> ▪ Change in the person's working patterns for example, frequent absence, lateness or needing to leave work early ▪ Reduced quality and quantity of work: missing deadlines, a drop in usual performance standards ▪ Change in the use of the phone/email: for example, a large number of personal calls/texts, avoiding calls or a strong reaction to calls/texts/emails ▪ Spending an increased number of hours at work for no reason
<p>Changes in behaviour or demeanour</p> <ul style="list-style-type: none"> ▪ Conduct out of character with previous employment history ▪ Changes in behaviour: for example, becoming very quiet, anxious, frightened, tearful, aggressive, distracted, depressed etc. Isolating themselves from colleagues ▪ Obsession with timekeeping ▪ Secretive regarding home life ▪ Worried about leaving children at home with abuser
<p>Changes in behaviour or demeanour</p> <ul style="list-style-type: none"> ▪ Conduct out of character with previous employment history ▪ Changes in behaviour: for example, becoming very quiet, anxious, frightened, tearful, aggressive, distracted, depressed etc ▪ Isolating themselves from colleagues. ▪ Obsession with timekeeping. ▪ Secretive regarding home life ▪ Worried about leaving children at home with abuser

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APPENDIX 4: EMPLOYER CONSIDERATIONS

<p>Questions for the employee</p> <ul style="list-style-type: none"> ▪ Does the alleged abuser know where the employee works? ▪ Have they ever been followed on their way to/from work? ▪ Is the employee frightened of anything specific that might take place at work or to and from work? ▪ Does the abuser have their work email address and/or work telephone number? ▪ What information can be shared with the wider team or relevant staff to ensure any changes are implemented and they can deliver an appropriate response?
<p>Contact arrangements</p> <ul style="list-style-type: none"> ▪ Retain both a work contact and an emergency contact at home (not the abuser). ▪ Arrange in advance when and who to contact if an employee doesn't come into work (family member/police/neighbour etc.) ▪ Maintain communication with the individual during any absence, while keeping their whereabouts confidential from the abuser and other agreed persons
<p>Safety to and from work</p> <ul style="list-style-type: none"> ▪ Change the route to and from work (e.g., different bus or train time, different car park) ▪ Change the location of where they work or consider a transfer ▪ Change the start and finish time of work hours ▪ Provide a security escort to and from a car / transport links
<p>Safety while at work</p> <ul style="list-style-type: none"> ▪ Consider a personal or workstation alarm ▪ Consider an alternative entrance to or exit from the workplace ▪ Consider screening access to the workplace. If possible and required, enable reception/security to identify the abuser (photo, car registration), and advise them on what to do if the abuser arrives at the workplace
<p>Communication safety</p> <ul style="list-style-type: none"> ▪ Review the security of all employee records and personal information ▪ Change email addresses/work phone number or divert incoming phone calls and emails. ▪ Issue instructions to all staff NOT to reveal the employee's personal details or their whereabouts to anyone, including family members
<p>Managing responsibilities at work</p> <ul style="list-style-type: none"> ▪ Consider flexible working or changing work patterns ▪ Adjust workload (extend deadlines, reassign responsibilities) ▪ Consider additional support/supervision/debriefing sessions ▪ Provide special leave or time off during the day to attend appointments or court

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APPENDIX 5: NATIONAL DOMESTIC ABUSE HELPLINES

<p>LGBTQ Foundation Free-of-charge counselling for LGBTQ people from Cheshire who have been victims of crime, hate crime, domestic abuse, rape and sexual assault.</p>	<p>0345 330 3030 (10am - 10pm Monday – Friday, 10am - 6pm Saturdays)</p>	<p>http://lgbt.foundation/</p>
<p>Mankind Confidential helpline for men who are harmed due to domestic violence and abuse</p>	<p>01823 334244 Weekdays 10am to 4pm</p>	<p>https://www.mankind.org.uk/</p>
<p>National Domestic Abuse Helpline 24-hours a day, for free and in confidence (run in partnership between Women’s Aid and Refuge)</p>	<p>0808 2000 247</p>	<p>https://www.nationaldahelpline.org.uk/</p>
<p>Karma Nirvana British human rights charity supporting victims of honour-based abuse and forced marriage. Honour crimes are not determined by age, faith, gender, or sexuality, we support and work with all victims. We operate a national helpline to support victims in immediate danger</p>	<p>Our opening hours are Monday to Friday 9am to 5pm. Helpline: 0800 5999 24/7</p>	<p>https://karmanirvana.org.uk/help/</p>
<p>Female Genital Mutilation There are a number of useful materials available on the FGM pages of the NHS Choices website. This includes a video of women talking about their personal experiences of FGM. The NSPCC helpline (can support both professionals or family members concerned that a child is at risk of or has had FGM.</p>	<p>0800 028 3550 Monday to Friday 8am – 10pm or 9am – 6pm at the weekends. It’s free and you don’t have to say who you are</p>	<p>https://www.nhs.uk/conditions/female-genital-mutilation-fgm/ https://www.nspcc.org.uk/keeping-children-safe/our-services/nspcc-helpline/</p>
<p>The Survivor’s Handbook is a resource for people experiencing DA. It comprises short sections covering every aspect of seeking help and support and includes information on how to help a friend who is experiencing domestic violence and safety planning.</p>		<p>https://www.womensaid.org.uk/the-survivors-handbook</p>

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