Domestic Violence & Abuse Policy

Policy Data Sheet

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Contents

- 1. Aim
- 2. Scope
- 3. Definition
- 4. Impact of DV&A on children
- 5. Domestic abuse and the workplace
 - a. Confidentiality in the workplace
 - b. Supporting employees affected by DV&A
 - c. Safety Planning in the workplace
- 6. Domestic Violence and abuse in service delivery
 - a. Roles and Responsibilities
 - b. Safe Enquiry
 - c. Safety and confidentiality
- 7. Reporting procedures when DV&A is Disclosed or Identified
 - a. DASH form for assessing risk and making referrals to specialist DV&A services
 - b. Enquiring / asking the questions
 - c. Assessment Questions for Perpetrators
 - d. Big Life Internal Reporting process

Appendices

Appendix 1 – Safe Lives Dash risk checklist

Appendix 2 – Employee or volunteer disclosure or concern flowchart

Appendix 3 - Alerter flowchart

Appendix 4 - Assessor flowchart

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1. Aim

The Big Life group is committed to heightening awareness of domestic violence and abuse by providing guidance for all staff and volunteers whose work brings them into contact with children and / or adults that may be at risk of domestic violence and abuse.

Big Life recognises that its employees and volunteers will be amongst those affected by domestic violence and abuse; for example an individual who is living with domestic abuse, someone who has been impacted upon by domestic abuse or as an individual who perpetrates domestic abuse.

The policy aims to:

- Promote that the Big Life group will not tolerate Domestic Violence & Abuse (DV&A)
- Outlines assistance available to staff, volunteers and service users who may be affected personally by DV&A.
- The approach Big Life group will take where there are concerns that an employee, volunteer or service user may be the perpetrator of DV&A.
- The approach Big Life staff or volunteers should take for ensuring the safeguarding of children and adults from exposure to DV&A.

2. Scope

This policy applies to all staff and volunteers, who may come into contact with children and or adults or who themselves may be victims of DV&A and require advice or help.

This policy does not replace the existing safeguarding policy and it should be read in conjunction with the group safeguarding policy and your local authority safeguarding reporting procedures.

3. Definition

For purposes of this policy, domestic abuse is defined as: 'Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16yrs or over who are or have been intimate partners or family members regardless of gender or sexuality'.

This can encompass but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- emotional

(Home Office 2013)

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

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

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

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4. Impact of DV&A on children

Exposure to domestic abuse is ALWAYS abusive to children although the impact on them may vary. Section 120 of the Adoption and Children Act 2002 clarifies the definition of significant harm outlined in the Children Act 1989:

"Any impairment of the child's health or development as a result of witnessing the ill-treatment of another person, such as domestic violence".

5. DV&A and the workplace

Everyone has the right to a life free from abuse in any form. Domestic abuse is wholly unacceptable and inexcusable behaviour, and responsibility for domestic abuse lies with the perpetrator. The Big Life group strive to create a working environment that promotes the view that abuse against people is unacceptable and that such abuse will not be condoned or made the subject of jokes or graphics. Employees should also be aware that conduct outside of work could lead to disciplinary action being taken.

Big Life will aim to create an environment where staff and volunteers feel safe to seek support if they are suffering Domestic Abuse. We will provide training to all staff and volunteers to spot signs of DV&A and specific raining for managers to ensure concerns are dealt with in a supportive and non-judgemental way.

The Big Life group will take seriously any incidents of Domestic Abuse perpetrated by staff or volunteers.

Domestic abuse perpetrated by employees or volunteers will not be condoned under any circumstances nor will it be treated as a purely private matter. Big Life recognises that it has a role in encouraging and supporting employees and volunteers to address violent and abusive behaviour of all kinds.

If an employee or volunteer approaches Big Life about their abusive behaviour, Big Life will provide information about the services and support available to them, including if necessary time off work to attend perpetrator programmes.

Big Life will treat any allegation, disclosure or conviction of domestic abuse related offence on a case by case basis with the aim of reducing risk and supporting change. Big Life 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 and may lead to termination of employment.

a. Confidentiality in the workplace

Employees and volunteers who disclose they are experiencing domestic abuse can be assured that the information they provide is confidential and will not ordinarily be shared without their permission. There are however some circumstances in which confidentiality cannot be assured. These occur when there are safeguarding concerns about children or vulnerable adults or where the employer needs to act to protect the safety of employees and volunteers. For example if an employee or volunteer discloses domestic abuse and they are known to care for children or vulnerable adults The Big Life group are required to contact the local authority Safeguarding and Vulnerable Adults services. The Big Life Group will inform the staff member/ volunteer of any actions unless by doing so we are potentially endangering individuals. Information will only be shared on a need to know basis. Please refer to the Safeguarding Policy

All records regarding domestic abuse will be kept strictly confidential. Improper disclosure of information i.e. breaches of confidentiality by any member of staff will be taken seriously and may be subject to disciplinary action.

b. Supporting employees affected by DV&A

The group is aware that domestic abuse victims may have performance problems such as chronic absenteeism or lower productivity as a result of domestic abuse and will make every effort to respond sympathetically. When addressing performance and safety issues, the organisation will make reasonable efforts to consider all aspects of the employee's situation and/or safety.

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The organisation will make every effort to assist an employee who discloses they are experiencing domestic abuse. If an employee needs to be absent from work due to domestic abuse, the length of the absence will be determined by the individual's situation through collaboration with the employee and the team leader/manager, human resources, trade union representative, absence manager, wellbeing champion etc.

Employees, managers, and team leaders are encouraged to first explore paid leave options to help the employee cope with the situation without having to take unpaid leave. Depending on circumstances, these options may include:

- Temporary or permanent changes to working times and patterns.
- Changes to specific duties
- Redeployment or relocation
- Measures to ensure a safe working environment, for example changing a phone number to avoid harassing calls.
- Flexible Working
- Access to counselling/support services in paid time.
- Access to courses developed to support those affected by domestic abuse.

Managers will respect the right of staff to make their own decision on the course of action at every stage. Managers will complete a wellbeing passport and offer support services, including occupational health, independent counselling services, to staff. See Staff Wellbeing Policy.

c. Safety Planning in the workplace

The Big Life group will prioritise the safety of employees if they make it known that they are experiencing domestic abuse. When an employee discloses domestic abuse, Big Life will encourage its employees to contact a specialist support agency who can undertake a Domestic Abuse Stalking and Harassment (DASH) risk assessment (appendix 2) and make appropriate referrals where necessary. They will if necessary and with the employees consent work with the specialist agency 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.

As soon as the company is made aware of a safety issue, the employee's managers will carry out a risk assessment with the employee and identify measures to minimise risk in the workplace including:

- work schedule adjustments
- workplace relocation (if available)
- additional security arrangements

All workplace records are to be kept securely on the HR database, however if there is an identified safeguarding concern please refer to the employee flowchart (Appendix 3) which identifies the pathway to follow if safeguarding is an identified concern with an employee or volunteer.

6. DV&A in service delivery

It is important to note that DV&A affects everyone involved. If a person discloses DV&A and they are either vulnerable, have a vulnerable adult staying with them or a child/children present and are at risk of harm we would expect this to be escalated as a safeguarding concern/incident. Please refer to the safeguarding policy for the reporting process.

(a) Roles and Responsibilities

"Alerter"

• You are an "alerter" if you work in back-office role OR if you work in a frontline role but are not responsible for conducting in-depth or holistic assessments.

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• Examples include; reception staff, school staff, GP's, back office staff, environment officers, commissioning staff, project staff, officers who work in human resources and some managers. Please refer to Appendix 4 for the alerter flowchart

"Assessor"

- You are an "assessor" if you work in any assessment or support role that requires you to complete
 assessments with people. You could also be an "assessor "if you are a designated person (for
 example, within a school).
- Examples of the job roles this would encompass are; housing related support officers, social workers, specialist substance misuse workers, mental health practitioners, police officers, Case workers, Key Workers, family Support Workers, and some managers.
- The key difference between the two roles is that an "assessor" is expected to safely enquire into domestic abuse with all people as good practice.

Regardless of your role you should:

- Listen to what you are being told and believe the person don't patronise or assume you know the best course of action to follow.
- Prioritise the safety of the family with the safety of a child and vulnerable adult being paramount.
 Acting on a concern is vital but HOW you do that is important, before you do anything, check: "will what I am about to do improve safety?"
- Please refer to Assessor flowchart in appendix 5

(b) Safe Enquiry

Routinely or selectively asking about whether someone is experiencing domestic abuse is known as "safe enquiry"

Evidence base for safe enquiry

Research shows that victims of domestic abuse will not usually voluntarily disclose domestic abuse to a professional unless they are directly asked. However, whilst women may be reluctant to disclose what is happening to them, they are often hoping that someone will ask them if they are experiencing abuse. Repeated enquiry at a number of consultations also increases the likelihood of disclosure.

We recognise that safe enquiry is an important domestic abuse intervention even where it does not result in disclosure. If a person is experiencing domestic abuse but chooses not to disclose they should be routinely offered information about domestic abuse services to take away and so are not required to disclose in order to be given information. The person will also know that you, and your organisation, take the issue of domestic abuse very seriously and, if they take information away with them, it can allow them to become better advocates for their friends and family.

(C) Safety and confidentiality

- Always ensure you are alone with the person before enquiring into possible abuse never ask in front of a partner, colleague, friend or child
- Make sure you can't be interrupted and that you and the person have sufficient time
- Only use professional interpreters, if required
- Do not enguire if the person lacks the capacity to consent to the interview
- Document the person's response. This should be in a safe secure database or your services agreed paper records. In both instances Data Protection principles should be adhered to at all times.

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7. Reporting procedures when DV&A is Disclosed or Identified

(a) DASH form for assessing risk and making referrals to specialist DV&A services

It is important to note that each local authority will have their own referral process. The most commonly used risk assessment is called the DASH risk assessment (see Appendix 2). This form can be used by assessors for employees, volunteers or service users as it is designed to capture as much information about the disclosure as possible including;

- Their relationship to the perpetrator
- How many children live at home
- Any children who have a social worker/ on a child in need or child protection plan
- Any adults at risk (vulnerable adults) who live in the home.
- How safe do they feel
- Any information offered / taken
- Any referrals to statutory or voluntary services made
- Any services already involved
- Any injuries they disclose/show you
- Any incidents described or emotional effects of the abuse on them
- Their specific demographics such as ethnicity, gender, age etc...
- Remember to safety plan see www.endthefear.co.uk for a safety plan

(b) Enquiring / asking the questions

Make sure you fully explain your reasons for enquiring into domestic abuse AND the limits of your confidentiality. An example of how you could begin would be:

- 1 in 4 women are affected by domestic abuse and, because we know it's common, we ask women about domestic abuse (as a routine). Domestic abuse isn't just physical abuse. It can also be financial, sexual and emotional and it also includes forced marriage.
- "The only time I would tell anyone anything you told me would be if a child was in danger or if I or another adult was in serious danger from someone's behaviour. Even then, I would always discuss it with you first if I could and we would do everything we could to support you."

Other helpful messages when talking about DV&A

- DV&A is totally unacceptable. Every person has the right to live their life free of violence, abuse, intimidation and fear
- Nobody deserves to be abused, regardless of what they say or do.
- The abuser is 100 percent responsible for the abuse. Alcohol, culture or unemployment are not excuses
- A person has the right to safety and respect, to put themselves and their children first and to focus on their needs

Then, ask direct questions into their circumstances. For example:

- Does anyone close to you, for example a partner, ex-partner or family member, make you feel frightened?"
- "Has anyone close to you ever hurt you physically for example; hit you, pushed you, slapped, chocked you or threatened you in any way?"
- "Does anyone close to you bully you, control you or force you into things?"

If you work with **adults with additional needs** – for example, older people or people with serious physical impairments – questions that relate more specifically to their circumstances may help you to establish if abuse is present. Research suggests that the following questions may help in relation to these individuals:

- "Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?"
- "Has anyone tried to force you to sign papers or to use your money against your will?"
- "Have you been upset because someone talked to you in a way that made you feel shamed or threatened?"

If you have completed a DASH assessment form and are considering making a referral you will need to contact your local authority MARAC team or contact centre for further advice and next steps.

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(c) Assessment Questions for Perpetrators

In some cases, for example where a perpetrator's abuse has been openly stated as an issue and the enquirer is either a professional supporting the adult or family and or a colleague or manager of the perpetrator, it may appropriate to speak to the perpetrator directly about the abuse.

Your response, to any disclosure however indirect, could be significant for encouraging accountability and motivating perpetrators towards change. Information provided by the perpetrator could also enhance existing risk management plans.

Good practice requires that we are clear with abusers that the abuse is ALWAYS unacceptable and that we affirm any accountability shown. Be respectful but DO NOT collude and explain that there is no entitlement to confidentiality if others are at risk. In all cases be guided by child and adult safeguarding procedures.

Useful questions to ask:

- "It sounds like your behaviour can be frightening; does your partner say she is frightened of you?"
- "How are the children affected?"
- "Have the police ever been called to the house because of your behaviour?"
- "Are you aware of any patterns is the abuse getting worse or more frequent?"
- "How do you think alcohol or drugs affect your behaviour?"
- "What worries you most about your behaviour?"
- "How do you feel about your behaviour? What effect has it had on you?"
- "What effect has your behaviour had on your partner/children?"
- "What has been the worst occasion of violence?"
- "It sounds like you want to make some changes for your benefit and for your partner/children. What choices do you have? What can you do about it? What help would assist you to make these changes?"

(d) Big Life Internal Reporting process

Any DV&A incident or concern relating to an employee should follow Appendix 3 flowchart with any records saved to their personal records on the HRDB. If the concern or incident is relating to a service user we would expect the assessor flowchart to be followed, which details external and internal reporting procedures. It is important to note that if there are any safeguarding concerns that the reporting process for safeguarding must be followed.

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Appendix 1 – Safe Lives 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://www.safelives.org.uk/. 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.

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¹ For further information about Marac please refer to the 10 Principles of an Effective Marac: http://www.safelives.org.uk/sites/default/files/resources/The%20principles%20of%20an%20effective%20MARAC%20FINAL.pdf

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

Date:
Restricted when complete

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.

Tick the box if the factor is present. Please use the comment box at

safety and protection of the individual concerned. Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is not the case, please indicate in the right hand column	YES	ON	DON' T KNOW	State source of info if not the victim (eg police officer)
Has the current incident resulted in injury? Please state what and whether this is the first injury.				(09 points simos)
2. Are you very frightened? Comment:				
3. What are you afraid of? Is it further injury or violence? Please give an indication of what you think [name of abuser(s)] might do and to whom, including children. Comment:				
4. Do you feel isolated from family/friends? le, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? Comment:				
5. Are you feeling depressed or having suicidal thoughts?				
6. Have you separated or tried to separate from [name of abuser(s)] within the past year?				
7. Is there conflict over child contact?				
8. Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you? 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.				
9. Are you pregnant or have you recently had a baby (within the last 18 months)?				
10. Is the abuse happening more often?				
11. Is the abuse getting worse?				

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:

12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous? 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.				
13. Has [name of abuser(s)] ever used weapons or objects to hurt you?				
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	ON	DON' T	State source of info if not the victim
14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: You Children Other (please specify)				
15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?				
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.				
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.				
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 Another family member Someone from a previous relationship Other (please specify) □				
19. Has [name of abuser(s)] ever mistreated an animal or the family pet?				
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?				
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 Alcohol Mental health				

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22. Has [name of abuser(s)] ever threatened or attempted suicide?			
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 Non Molestation/Occupation Order Child contact arrangements Forced Marriage Protection Order			
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 Sexual violence Other Under Un			
Total 'yes' responses			
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 No	

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If yes, have you made a referral?		Yes No			
Signed				Date	
Do you believe that there are risks facing the children in the family?			Yes No		
If yes, please confirm if you have made a referral to safeguard the children? Yes □		Date referral made			
Signed					
Name					

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actitioner's notes			
This document reflects work up			

of CAFCASS and Neil Blacklock of Respect for their advice and encouragement and for the expert input we received from Jan Pickles, Dr Amanda Robinson and Jasvinder Sanghera.

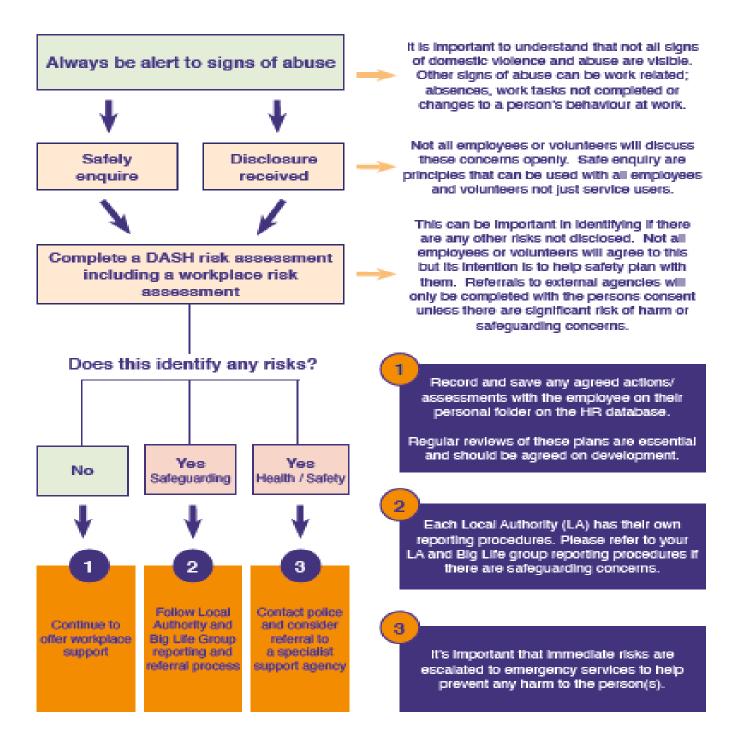
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Appendix 2 - Employee or volunteer disclosure or concern flowchart

Employee or volunteer disclosure or concern flowchart



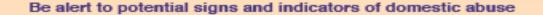


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Alerter Flowchart





Contact with a person or family indicates DV&A may be occurring

Person voluntarily discloses DV&A to you

Deal with any immediate health or safety needs. Does anyone need medical attention or police help? If so, speak to a manager or DSL and contact emergency services



If your manager or DSL wasn't available please escalate immediately to discuss next steps.

Possible action might include:

- Offer the person a leaflet or specialist phone number (SEE APPENDIX 6) ensuring it is safe for them to take this away
- Tell them they can talk to an experienced colleague now, or return to speak to someone should they wish to
- If there is a child or a vulnerable adult you will need to explain that a referral
 to appropriate safeguarding contact services will have to be made.



Record your concerns and the action taken on a safeguarding incident and concern form

Do...

- Have posters and leaflets in public places
- Prioritise the safety of the family
- Report concerns to a manager / enquirer
- Show you believe them if they disclose
- Take care of yourself and colleagues
- RECORD what happened
- Ensure the information is shared appropriately

Don't...

- Do nothing
- Take action that will increase risk
- Talk to someone with others around
- Write / phone without checking it's safe
- Assume you have to have all the answers
- Tell the person what to do
- Promise not to tell anyone you may need to

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Appendix 4 – Enquiry and Assessor Flowchart

Enquiry and Assessor Flowchart



Enquire SAFELY about abuse (ensure privacy) with the non-abusing adult (victim) This may be as part of a routine assessment of risk or in response to possible indicators of abuse. If you are unable to do this, establish the level of risk posed to the individual / child / family from the information that you have. Disclosure or evidence No Disclosure of domestic abuse Deal with any immediate needs the person may have (E.g. medical / police and specialist domestic violence and abuse services that can provide immediate support) AND... Use the DASH assessment Form to assess risk and Offer a leaflet / phone number if safe to do so consider referral to a specialist DV&A service RECORD & REVIEW where possible If you still have concerns about the adult/child, seek advice from your manager, safeguarding Does your assessment indicate that the person, a lead or report the concern to your local authority child or another adult is at serious risk of harm? contact centre. Yes No There is an Primary Victim adult with care with no care Child and support Take appropriate action as outlined in and support needs DV&A Assessment and Referral Form needs Make a referral Escalate this If the primary to your local concern to Consider holistic support options as well victim is 16/17 children and emergency as specialist advice- e.g. debt, housing, or an adult young peoples services & your counselling support please contact contact local authority emergency safeguarding Domestic violence and abuse is always services contact centre abusive to children. Following your referral take appropriate action to support and safeguard the adult and/or child and record this on the groups safeguarding concern/incident form Review Continually review needs and risks - remember that the situation can escalate quickly.

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Appendix 5 - Useful contacts and resources

In an emergency phone 999 - General police switchboard 101

Women's 24 hour domestic violence helpline 0808 2000 247 www.womensaid.org.uk MALE Men's Advice Line and Enquiries 0808 801 0327 www.mensadviceline.org.uk.

http://safelives.org.uk/

ADVICE: Before using this document you should ensure that you have the most up-todate version. If you are referring to a printed version it may be out-of-date. If in any doubt please check with Human Resources.