Response to Department of Business, Energy and Industrial Strategy consultation on domestic abuse and the workplace

September 2020

THE ROYAL COLLEGE OF MIDWIVES

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The Royal College of Midwives' response to Department of Business, Energy and Industrial Strategy consultation on domestic abuse and the workplace

The Royal College of Midwives (RCM) is the professional organisation and trade union that represents the vast majority of practising midwives in the UK. It is the only such organisation run by midwives for midwives. The RCM is the voice of midwifery, providing excellence in professional leadership, representation, education and influence for and on behalf of midwives. We actively support and campaign for improvements to maternity services and provide professional leadership for one of the most established clinical disciplines.

The RCM welcomes the opportunity to respond to this consultation and our views are set out below.

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Please see our response to the call for written evidence on the specific employment needs of domestic abuse survivors and how they are met by current employment rights and practices set out below. Our response is informed by the following publication, which was written by ourselves in partnership with the Royal College of Midwives (RCM).

Safe places? Workplace support for those experiencing domestic abuse: A survey of Midwifery Leaders, Midwives and Maternity Support Workers

Thank you for consideration of our response. We are keen to be included in the roundtables, run by BEIS and the Home Office moving forward.

What practical circumstances arise in relation to domestic abuse and work?

Findings within our report demonstrate how for some midwives in the workplace, barriers to support include a lack of knowledge and understanding around domestic violence and abuse (DVA).

Midwives also shared ideas around the notion of 'professionalism', whereby the idea of being a 'victim' was juxtaposed with the practicalities of being a 'professional'.

"Throughout my university degree we were always being reminded about professionalism and 'not bringing your personal baggage to work'. I suppose that mentality stuck."

"As a professional person, I would never ask for help having experienced domestic abuse."

Practically, midwives were often unable to recognise DVA within their own lives or the lives of colleagues. Nevertheless, many midwives were able to reflect on episodes of DVA retrospectively and with hindsight.

"***I didn't realise the abuse was happening. It was mostly emotional"***

Barriers to midwives receiving support often related to colleagues being bound by existing workplace policies. Broadly, some other midwives did not seek workplace support due to denial, distrust, shame, embarrassment and fear.

"I felt ashamed that as a midwife I was experiencing it"

What support can be offered in the workplace for victims of domestic abuse?

As outlined in our report, Independent Domestic Violence Advisors (IDVAs) were reported to be a useful tool in the provision of support.

"Independent Domestic Violence Advisor (IDVA) effective at helping me see what options I have legally and for safety planning."

Those participating in our work suggested the following can be offered in the midwifery workplace:

"There needs to be a policy that the mangers legally HAVE to comply with. Their compliance should be recorded and audited."

"Management need to foster a supportive environment so that staff feel able to report what is happening to them."

"Having a safe place to tell someone is so important"

More broadly, participants also suggested the provision of:

- Staff Training
- Survivors forums
- Support lines
- Effective workplace screening

What is possible within the existing framework?

Our report put forward four recommendations which were deemed possible within the existing framework:

1. All NHS Trusts/Health Boards should develop specific policies to support staff who are victims of domestic abuse, aligned to existing guidance from the NHS Staff Council developed in 2017. Local policies should be developed in partnership with staff side

representatives, with detailed commitments to provide special paid leave, adjustments to working arrangements and safety considerations if appropriate.

2. NHS Trusts/Health Boards should provide and publicise confidential domestic abuse support services for affected staff, including access to IDVAs, external counselling and legal services as appropriate.

3. NHS Trusts/Health Boards should ensure that all managers and supervisors are trained on domestic abuse issues, so that they can recognise signs of domestic abuse in their staff and confidently undertake their safeguarding obligations.

4. NHS Trusts/Health Boards should ensure that staff at all levels are trained on domestic abuse issues and made aware of relevant workplace policies as part of their induction programme and continuous updating and are made aware of support services.

What does current best practice look like?

In our report, participants reported the following workplace interventions effective in supporting them:

- The presence of an IDVA
- Peer support and gestures of kindness
- Provision of effective counselling
- Change to working arrangements/flexible working available
- Occupational health/staff support service referral
- Being listened to by compassionate and knowledgeable colleagues
- Embedded workplace compassion
- Change to payment arrangements for salary. Salary advances made available if it is identified that this may help an employee flee a violent situation

Excerpts from participants include:

[My workplace**]** ***"Supported me with shift patterns to accommodate court cases and childcare."***

"Counselling. It had helped me to recognise that I needed to deal with the issue."

[I was] ***"given a specific senior midwife who I could go to for support, to discuss things at times when home was particularly bad and to deal with any sickness absence – helpful as one person knew what was going on and I could be truthful, especially about the reasons for sickness absence sometimes."***

What is the potential to do more?

Lack of formal support remained a strong theme throughout survey respondents' comments, along with the need to increase knowledge and awareness around the subject of domestic abuse experienced by maternity staff. As such, further training and education around DVA and the

midwifery workplace could be usefully commissioned. The provision of formal support could also usefully be in place for midwifery staff who are also victims of DVA.

Furthermore, interventions aimed at influencing perceptions with regard to midwifery 'professionalism' could usefully be explored so that the profession as a whole may be more self-compassionate toward help seeking and support in cases of DVA. Ultimately, the midwifery profession is unique in that it plays a key role in screening for DVA in pregnancy, yet at the same time appears to be deeply affected by DVA itself. This appears to have (in some cases) resulted in a dichotomy between being both professional and human. There is much potential and opportunity to do more in addressing this complex juxtaposition. We look forward to exploring these with you in the future roundtables planned as part of this review moving forward.

The Royal College of Midwives
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