|  |  |  |  |
| --- | --- | --- | --- |
| **DATE OF MARAC**  |  | **Allocated DAO:****Allocated IDVA:**  |  |
| **MARAC CASE REF:**(MARAC Co-Ordinator only) |  | **REFERRAL DATE**: |  |

**This form is to be used to refer high risk domestic abuse victim to the multiagency risk assessment conference (MARAC) and if children are also household members to refer them to the multiagency safeguarding hub (MASH). This combined form must be sent to both MARAC and MASH (details at end of form).**

**Referring agency is *required* to attend the Marac meeting to present the case, if this is not possible please provide details of the agency representative who will attend and present the case on your behalf (they must be fully informed of up-to-date information at the date of the meeting).**

|  |
| --- |
| **Referrers Details.** Please provide us with your details so we can contact you if we need to clarify any of this information you have given us. |
| Referring agency |  |
| Contact name(s) |  |
| Full Postal Address  |  |
| Email & Telephone number |  |

|  |
| --- |
| **Persons Involved** |
| **Victim**  |
| Forename: |  |
| Surname:(*including Aliases)*  |  | D.0.B: |  |
| Address:  |  |
| Telephone: |  | Is this number safe to call? |  |
| Please insert any relevant contact information e.g. times to call. |  |
| GP Details:Letter sent: |  |
| PETS in Household |  |
| Occupation: |  |
| Diversity Data: | B&ME:  | Disabled  | LGBT:  | Gender:  |
| First Language:  | Ethnicity:  |

|  |
| --- |
| **Perpetrator(s)**  |
| First Name: |   |
| Surname:(*including Aliases)* |  | D.O.B |  |
| Address: |  |
| Telephone:  |  |
| GP Details: |  |
| PETS in household. |  |
| Relationship to Victim: |  |
| Occupation: |  |
| Diversity Data: | B&ME:  | Disabled: | LGBT: | Gender: |
| First Language | Ethnicity |

|  |
| --- |
| **Other linked Persons**: (Expand if required) |
| Name: |  |  |  |
| Address: |  |
| Relationship to Victim/Perpetrator/children |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Children****(please add extra rows if necessary)** | DOB | Relationship to victim | Relationship to perpetrator | Address  | School(if known) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

SafeLives DASH assessment below needs to be completed and submitted with the MARAC form above

 

# SafeLives Dash risk checklist

## Aim of the form

* To help front line practitioners identify high risk cases of domestic abuse, stalking and ‘honour’- based violence.
* To decide which cases should be referred to Marac and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
* To offer a common tool to agencies that are part of the Marac1 process and provide a shared understanding of risk in relation to domestic abuse, stalking and ‘honour’-based violence.
* To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and ‘near misses’, which underpins most recognised models of risk assessment.

## How to use the form

Before completing the form for the first time we recommend that you read the [full practice guidance](http://safelives.org.uk/sites/default/files/resources/Dash%20risk%20checklist%20quick%20start%20guidance.pdf) and [FAQs](http://safelives.org.uk/sites/default/files/resources/FAQs%20about%20Dash%20FINAL.pdf). These can be downloaded from the ‘[Resources for identifying the risk victims face’](http://safelives.org.uk/practice-support/resources-identifying-risk-victims-face) section on the SafeLives website. 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 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 stepchildren are particularly at risk. If risk towards children is highlighted, you should consider what referral you need to make to obtain a full assessment of the children’s situation.

1 For further information about Marac please refer to the 10 principles of an effective Marac: <http://www.safelives.org.uk/node/361>

## 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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 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** | **NO** | **DON’T KNOW** | **State source of info if not the victim**(eg police officer) |
| **1. Has the current incident resulted in injury?**Please state what and whether this is the first injury. | ☐ | ☐ | ☐ |  |
| **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?**Ie, 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?** | ☐ | ☐ | ☐ |  |
| **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?** | ☐ | ☐ | ☐ |  |
| **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) ☐ | ☐ | ☐ | ☐ |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.** | **YES** | **NO** | **DON’T KNOW** | **State source of info** |
| **15.Has [name of abuser(s)] ever attempted to strangle / choke /****suffocate / drown you?** | ☐ | ☐ | ☐ |  |
| **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 ☐ |  |  |  |  |
| **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 ☐Other ☐ |  |  |  |  |
| **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 violence ☐Other ☐ | ☐ | ☐ | ☐ |  |
| **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** | Yes | ☐ |
| **this case to Marac?** | No | ☐ |
| **If yes, have you made a referral?** | Yes | ☐ |
| No | ☐ |
| **Signed** |  | **Date** |  |
| **Do you believe that there are risks facing the children in the** | Yes | ☐ |
| **family?** | No | ☐ |
| **If yes, please confirm if you have****made a referral to safeguard the children?** | Yes No | ☐☐ | **Date referral made** |  |
| **Signed** |  | **Date** |  |
| **Name** |  |
| **Practitioner’s Notes** |   |

This document reflects work undertaken by SafeLives in partnership with Laura Richards, Consultant Violence Adviser to ACPO. We would like to thank Advance, Blackburn with Darwen Women’s Aid and Berkshire East Family Safety Unit and all the partners of the Blackpool Marac for their contribution in piloting the revised checklist without which we could not have amended the original SafeLives risk identification checklist. We are very grateful to Elizabeth Hall 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.

**Reason for referral and lawful basis for sharing this information**

NB: Consider relevancy, proportionality and whether the information provided is necessary for the purpose of this referral form.

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

|  |  |  |  |
| --- | --- | --- | --- |
| Professional judgement  | Y / N | **Visible high risk** (*14 yes answers or more on SafeLives Dash risk checklist*) | Y / N |
| Potential escalation in frequency and/or severity of abuse | Y / N | **Marac repeat (see 2018 definition** [here](http://www.safelives.org.uk/definition-repeat-marac)**)** | Y / N |
| If repeat, please provide the date listed / case number (if known) |  |
| Has the victim been referred to any other Marac in a different area previously |  Y/N  |
| Please confirm whether a referral has been made to the IDVA Service  | Y/N |
| Is the victim aware of the risk assessment and informed of Marac referral?  | Y / N | **If no, why not?** |  |
| Who does the victim believe it safe to talk to? |  |
| Who does the victim believe it not safe to talk to? |  |
| Date of most recent incident |  |
| Reason for referral |  |
| Victim |  |
| Perpetrator |  |
| **Victim Consent**: Is the victim aware of **MARAC** referral Y/N Has consent been given? Y/N |
| **Safety Planning Already in Place:** |
| SIG Warning |  | Personal Attack Alarm |  |
| SOP Warning |  | Restraining Order |  |
| Cocoon Watch |  | Non-Molestation |  |
| HO Alarm |  | Refuge |  |
| Personal Safety Advice |  | Refuge4Pets |  |
| Police Watch |  | Sanctuary Scheme |  |
| DVPO |  | Briefing |  |
| TECHSAFE |  | Restraining Order |  |
|  |  |  |  |
| Other – please explain |  |
|  |  |

***AGENCY INFORMATION****:* ***(MARAC CO-ORDINATOR ONLY)***

|  |  |
| --- | --- |
| **AGENCY** |  |
| POLICE |  |
| CHILDRENS SOCIAL CARE |  |
| FAMILY INTERVENTION TEAM |  |
| FAMILY HUB |  |
| MASH |  |
| HOUSING SERVICES |  |
| PROBATION |  |
| EDUCATION WELFARE  |  |
| FEAR FREE (IDVA) |  |
| WOMEN’S HEALTH |  |
| PUBLIC HEALTH NURSING  |  |
| GP |  |
| NHS SAFEGUARDING (RDUH) |  |
| ADULT MENTAL HEALTH |  |
| DRUG AND ALCOHOL SERVICES (TOGETHER) |  |
| DEVON SARC |  |
| ADULT SOCIAL CARE |  |
| DEVON YJS |  |
| REFUGE 4 PETS  |  |
| INTERCOM TRUST |  |
| OTHER |  |

|  |
| --- |
| **MARAC MEETING UPDATES AND ACTION RECORD** |
| **This section is completed when case discussed at MARAC Meeting.** |

**Information shared at the meeting:** *(Information sharing should be relevant and proportionate. The minutes should make a clear distinction between fact and professional opinion)*

|  |  |
| --- | --- |
| **AGENCY** | **INFORMATION** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Action planning:** *(The action plan should clearly identify and address the risks and needs identified and be SMART; where appropriate they should include joint working and refer to other multi-agency arrangements)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk identified** | **Action** | **Agency / Representative** | **Completion date** |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **IOM REFERRAL:****(Is it safe and appropriate to refer to the IOM) YES / NO** | **IOM RATIONALE:** |

**PLEASE NOTE REFERRALS MUST BE E-MAILED TO MARAC AND THEN ALSO TO THE MASH IF A MASH ENQUIRY IS BEING MADE**

Contact Details:

**MASH ENQUIRIES:**

Email: mash@torbay.gov.uk

Please be aware that Torbay MASH is only open to receive new referrals between the hours of 9.00am and 4.30pm Monday – Thursday and 9.00am and 3.45pm on a Friday. If your referral was sent outside of these times this will remain unread until the next working day, and no action will be taken in respect of the concerns you have raised until the office is next open. If the concerns, you are raising need a response outside of the MASH opening hours then you should contact the Out of Hours Duty Team by telephone on **0300 456 4876** for significant safeguarding concerns. You can also ring the police direct on **999** in any situation requiring an emergency response.

**MARAC**

Exeter: MARACHAWKINSHOUSE@devonandcornwall.pnn.police.uk

East & Mid Devon: MARACHAWKINSHOUSE@devonandcornwall.pnn.police.uk

North Devon: DevonBCUDAONORTH@devonandcornwall.pnn.police.uk

Devon Rural MARAC (South) devonbcudaosouth@devonandcornwall.pnn.police.uk

Torbay MARAC torbaydau@devonandcornwall.pnn.police.uk

For further information on **MARAC** Guidelines visit [www.safelives.org.uk](http://www.safelives.org.uk)