



**Victims First Safeguarding Children and
Vulnerable Adults Policy**

This policy was reviewed and updated March 2019; the next review date for this policy is March 2020.

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1. Policy Statements

1.1 Statement of Intent

Victims First Northumbria (VFN/the organisation) believes the welfare and safety of vulnerable adults and children is paramount and we are committed to safeguarding the welfare of children, young people and vulnerable adults who come into contact with the service. All people, without exception have a human right to be protected from abuse of any kind regardless of age, gender, ethnicity, disability, sexuality, gender identity or beliefs.

1.2 What is this policy and what does it do?

A safeguarding policy (the policy) and procedures to set out how VFN's staff and volunteers safeguard the welfare of children, young people and vulnerable adults.

The policy requires Staff and volunteers to familiarise themselves with and follow Victims First procedures and protocols for promoting and safeguarding the welfare of children and vulnerable adults and are required to report any concerns of potential risk to self or others immediately through the procedures outlined in this policy.

All concerns of potential risk to self/others and allegations of abuse will be taken seriously by staff and responded to appropriately, timely and sensitively. In some cases this may require VFN to make a referral to children or adult social services, MASH and /or the Police.

1.3 Who needs to know and apply it?

This policy applies to all staff and volunteers of Victims First Northumbria.

1.4 Aims

The Board of Trustees of VFN views safeguarding as a key governance priority for the organisation. To achieve this aim the organisation will:

- *Take effective, timely and robust action to protect vulnerable children and adults and report concerns appropriately and in accordance to the procedures outlined in this policy.*
- *Ensure a commitment to safe recruitment, selection, vetting and DBS of staff and ensure all relevant staff are adequately aware of and support in safeguarding reporting and decision making, know who the safeguarding leads are and how to implement this procedure.*
- *Ensure that everyone within the charity knows how to recognise, raise, respond to, report and record a safeguarding concern through training and supervision.*
- *Ensure that there are Safeguarding Leads for Children and Young Persons and Vulnerable Adults within VFN as the primary contact point for persons within the organisation with concerns about safeguarding, to manage such concerns according to this policy and to promote safeguarding awareness and practice across the organisation and a Trustee on the Board of Trustees of VFN who has specific responsibility for safeguarding issues.*

Date Effective: 1st April 2019

- *Establish an environment where service users are able to talk freely about their feelings and experiences and are listened to.*
- *Have a thorough risk management procedure to identify and escalate any possible risks to beneficiaries or anyone connected to the charity.*
- *Evaluate and ensure the effectiveness of safeguarding training provided to staff. This will be reviewed annually or at the change of any relevant legislation.*
- *Ensure that all staff and volunteers have access to the policy and are familiar with its contents and to review the policy and procedures annually and ensure any learning from serious incidents have been considered.*

2. Definitions

2.1 *Definition of a child and young person*

A child is anyone who has not yet reached their 16th birthday.

Definition of vulnerable adults

A person aged 16 or over whose ability to protect themselves from violence, abuse or neglect is significantly impaired through physical or mental disability or illness, through old age or otherwise.

However, there are other circumstances which may make a person vulnerable and making a judgement about vulnerability is a process based on gathering factual information and discussion with the person concerned, others and the safeguarding lead.

What actually makes someone vulnerable is the interaction of their personal characteristic with an inability to protect themselves from harm at this moment in time.

Vulnerability may also exist not because of anything inherent to the person but due to the circumstances they are living in, for example they are homeless or living in an abusive relationship. Again what makes someone vulnerable in these circumstances is an inability to protect themselves against significant harm. Vulnerability due to such circumstances can be short term or long term. Vulnerability may be caused by something inherent to the person, however it is important to understand that a personal characteristic in itself does not always make someone vulnerable. For example, not everyone with a physical disability may be vulnerable.

2.2 Types of Abuse

Being abused means a person is being deliberately hurt by someone else. It can vary from not treating someone with dignity and respect - to extreme punishment, cruelty or torture. The commonly recognised forms of abuse are Physical, Sexual, Financial, Psychological, Discriminatory, Neglect or acts of omission, Organisational, Self-Neglect, Domestic Abuse and Modern Slavery.

Abuse can happen anywhere. It may happen at home, in a care home, hospital, day centre or in a public place. Anyone can be an abuser, but it is usually someone known to the person. Abuse can take many forms and may include:

- **Physical abuse** - including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Sexual abuse** - including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault, or sexual acts to which the adult has not consented or was pressured into consenting.
- **Domestic abuse** - including psychological, physical, sexual, financial, emotional, or so-called 'honour' based violence.
- **Psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks
- **Organisational abuse** - including neglect or poor care practice within an organisation or specific care setting, such as a hospital or care home. It can also be in relation to care provided in your own home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Discriminatory abuse** - including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Self-neglect** - this covers a wide range of behaviour such as neglecting to care for your personal hygiene, health or surroundings and includes behaviour such as hoarding.
- **Neglect and acts of omission** - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **Modern slavery** - encompasses slavery, human trafficking, forced labour and domestic servitude. Trafficking and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Financial or material abuse** - including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

3. Key Roles

Every member of staff and volunteer has a responsibility to act on concerns of possible abuse and must inform the appropriate Safeguarding Lead.

Safeguarding Leads

The Safeguarding Lead is the primary contact person for staff members and volunteers in the organisation who have a concern about a safeguarding issue, to manage such concerns according to this policy and procedures and to promote safeguarding awareness and practice across the organisation.

The Safeguarding Lead should be contacted for support and advice on implementing this policy and procedures

The Safeguarding Leads for VFN are:

Rachel Parkinson - Rachel.Parkinson.6042@northumbria.pnn.police.uk

Sana Ilyas - Sana.Ilyas.5150@northumbria.pnn.police.uk

Ellie Roberts - Eleanor.Roberts.6557@northumbria.pnn.police.uk

The Safeguarding Lead for the VFN Board is:

Peter Walls

In the event of neither Lead being contactable to discuss a safeguarding concern a member of VFN Management Team should be contacted in the first instance.

4. Recruitment and Selection

Victims First Northumbria has a legal restriction under safeguarding legislation as to who can be involved in working with children and adults at risk. For each role within the organisation for volunteers, staff members and trustees, consideration is given as to whether the posts qualify for an enhanced DBS check. Please refer to the VFN recruitment policy for both Trustees and staff which determines what pre-employment checks are carried out.

5. Training

All staff and volunteers will receive essential safeguarding training prior to starting their role. All staff and volunteers in contact with victims and witnesses must complete the online high speed training to level 2, for both children and adults.

- *All VFN staff will ensure they have read and understood all policies and procedures during induction into their role and will be responsible for clarifying anything they do not understand in regards to their role and responsibility in line with the procedure with their line manager.*
- *All staff will be made aware of who the Safeguarding Leads are and how to implement the safeguarding policy. The Safeguarding Leads name and contact details will be displayed in the office, particularly for any out of office hours concerns.*

Safeguarding Leads and the Safeguarding Trustee will receive the following training from South Tyneside Local Authority:

- *Allegations Management and role of the LADO.*
- *Safeguarding Adults from Abuse (Core Training).*
- *Safeguarding Children from Abuse, a Multi-Agency Responsibility (Core Training). They will also be required to complete the high speed “designated safeguarding officer” training.*

5.1 Management

- Managers will ensure they are familiar with this policy and have informed the staff they manage about it and checked their understanding.
- Will have Safeguarding as a “standing agenda” item on monthly management meetings and will review number of safeguarding concerns submitted and outcome, led by safeguarding practitioner. Management will review good practice and compliance as well as any lessons learnt.

5.2 Prevent Training

All staff and volunteers will complete the Elearning developed by HM Home Office called ‘Prevent’ Training. It will provide an important foundation on which to develop further knowledge around the risks of radicalisation, this training addresses all forms of terrorism and non-violent extremism, including far right wing and Islamist extremism threatening the UK.

<https://www.elearning.prevent.homeoffice.gov.uk/edu/screen1.html#resume>

6. Professional Code of Conduct

- *All staff within VFN will abide by VFN policies, standards of professional behavior and code of conduct.*
- *The code of conduct includes maintaining professional boundaries and confidentiality according to procedure.*
- *Where staff need to hold a face to face meeting with a vulnerable adult or child another staff member or appropriate professional or guardian should always be present. Any visits where lone working is required must always be suitably risk assessed and approved by a line manager prior to carrying them out. Please refer to the Home Visit Risk Assessment form in Appendix 2.*
- *Any complaint or concern raised by a member of the public or service user in relation to a VFN staff member or volunteer should immediately be referred to [the person's line manager?] and dealt with according to VPN's complaints policy.*
- *Visits should preferably be held in the VFN office where there is a suitable meeting room that are safe and secure for both staff member and service user. VFN recognise that there may be situations whereby a home or community visit is more appropriate and they should always be discussed with a line manager.*

7. Confidentiality

VFN will not disclose information about a service user to a third party without an individual's consent, unless there is a risk of significant harm to themselves or others or knowledge that something illegal has taken place.

Disclosed Information will held and used only in accordance with data protection legislation
Where there are safeguarding concerns about a service user, a staff member should follow the procedures outlines in this policy. The appropriate safeguarding lead will make a judgement based on the evidence about whether or not to escalate this safeguarding concern. Prior to any engagement with a service user, it is paramount that they understand the organisation's confidentiality policy and privacy notice and that VFN have a legal duty to break confidentiality against an individual's wishes if we have evidence of real risk of significant harm. Where appropriate, we will always discuss this with the individual concerned and inform them of our actions.

There may be circumstances in which a family member/friend or someone known to a staff member within VFN may seek support through the organisation. Staff members must not work with someone known to them and must not access any of their confidential records. On the case management system there is the ability to "lock" a case which restricts access to certain users. In these circumstances the case will be restricted to only be accessed by management team member and allocated co-ordinator.

8. Support

It can be difficult and sometimes distressing dealing with disclosures of harm or abuse or having to break confidentiality of a service user to prevent further harm and safeguard them. It is natural to have personal feelings or reactions to this, despite any action taken being in the best interest of that individual. It is important that you utilise the support available to you as a VFN staff member or volunteer and this can be accessed by your line manager.

The options for support are:

- *Individual supervision or discussion with line manager.*
- *Clinical Supervision, provided by an external organisation, which can be organised by your line manager.*
- *Employee Assistance Program, a confidential line available for all staff for a wide range of issues.*
- *Occupational Health – in some cases it may be deemed that an occupational health referral is needed if this is causing distress or upset in your day to day activity and further advice needs to be sought through OHU.*

Your line manager may also be able to support you with other support you have arranged for yourself outside of work but it is important that you discuss this with them.

9. Processes & Procedures

9.1 Procedure for raising an immediate and non-immediate Safeguarding concern

What to do if significant harm or abuse is suspected?

There is no black and white procedure about how an individual or organisation makes a judgement about whether to report a safeguarding concern to a statutory agency. It is a process of listening, gathering factual information, judging risk and taking action. Staff and volunteers should always follow 2 important rules:

- *Do not ignore any concerns*
- *Do not work in isolation.*

Staff members and volunteers must:

1. *Record factual information*
2. *Talk to the appropriate safeguarding lead about the concern or disclosure and agree what action you should take*
3. *Inform the individual, using the guidance provided around confidentiality about what you are going to next.*

If the appropriate Safeguarding lead is not available, inform a member of the management team. Any safeguarding concerns should be acted upon within the same working day. Staff members should be aware it is their duty to tell the appropriate person where significant harm is disclosed or you have a safeguarding concern and act accordingly.

Where it is decided that this is a safeguarding concern, the staff member concerned will be responsible for reporting the matter to the relevant social services team or authority – dependent on the safeguarding concern. Each area/service will have their own way of accepting a referral, whether by phone or email but is important that it is always recorded on CMS in writing.

If it is undecided if this is a safeguarding concern, after discussing with the safeguarding lead social services can be contacted for advice, giving limited information.

If it is decided that this isn't a safeguarding concern, all decision making and by whom must be documented on the system and the relevant support put into place which may include referrals to external services, with the individual's permission.

A safeguarding concern can be escalated to a more serious level if the situation changes, if the situation or needs change. Similarly, a situation can be downgraded. Once referred, it is the local authority's legal duty to assess the threshold of risk and need, and decide on further action or not. It is important that we receive confirmation from social services that they have received and are considering the referral. If you do not receive confirmation this must be noted with the safeguarding lead who will pursue the acknowledgement from social services.

Below lists the contact numbers for adult and children social care – some prefer referrals via website or using the safeguarding referral form, however this documents the key contacts in each of the local authorities which VFN work within.

Local Authority	Adult Services	Children Services	Website
Newcastle	8am - 5pm 0191 278 8377 Out of hours 0191 278 7878	8am – 5pm 0191 277 2500 Out of hours 0191 278 78 78	https://www.newcastle.gov.uk/social-care-and-health/safeguarding-and-abuse
Gateshead	24/7 0191 433 7033	Monday - Friday, 8.30am to 5pm 0191 433 2653 Out of hours 0191 477 0844	https://www.gatesheadsafeguarding.org.uk/article/9180/Report-concerns-about-an-adult https://www.gatesheadsafeguarding.org.uk/article/9179/Report-concerns-about-a-child
Northumberland	General advice 0167 062 2683 To report a concern 0167 053 6400	0167 053 6400	https://www.northumberland.gov.uk/Care/Support/Safeguarding.aspx https://www.northumberland.gov.uk/Children/Safeguarding.aspx
Sunderland	0191 520 5552	0191 520 5560	https://www.sunderland.gov.uk/yourcare https://www.togetherforchildren.org.uk/what-we-do/childrens-social-care
South Tyneside	0191 424 6000 Out of hours 0191 456 2093	0191 424 6512	https://www.southtyneside.gov.uk/article/55977/Reporting-abuse
North Tyneside	Office hours 0191 643 2777 or 0191 200 6800	0345 200 0109 Out of hours 0191 200 6800	https://www.northtynesidescbs.org.uk/about/worried-about-a-child/ https://my.northtyneside.gov.uk/category/1033/safeguarding-adults

What to do if the situation is urgent?

If the situation is urgent, there may be no time or it is not appropriate given the circumstance you are in, to discuss with the relevant safeguarding lead or member of the management team before taking any action. You must take action immediately to protect the individual who may be at risk of harm.

If you need to alert emergency services such as Police or Ambulance immediately, call 999. If you have the individual on the phone then you may need to keep them on the phone to establish useful factual information to keep them safe. To do this, you will need to alert another staff member by raising your hand for assistance. The nearest available staff member will assist you by accessing the case record which you can write down and they can ring emergency services. Important questions to ask may be things such as:

- *Their current location? Home address?*
- *Details of injuries or anything they have taken?*
- *Anyone they may be with?*

Please refer to the crisis procedure in Appendix 3 for step by step guidance in how to respond to an urgent situation.

9.2 Record Keeping

- *Staff will keep a typed record on the secure case management system, Orcuma, on the relevant on case. Staff will discuss these with the relevant safeguarding lead.*
- *If the concern relates to a member of staff or volunteer, the information will be held on the secure "manage" drive and escalated accordingly.*
- *It is important that this information is recorded as factually as possible. Records kept by staff should include what was said or observed, all people involved, the date and time of what has occurred and if this was noted in person – any injuries or signs of harm.*
- *All agreed actions should be recorded on the relevant case*
- *Records should be completed as soon as reasonably practical and ideally within 24 hours of a disclosure or incident occurring.*
- *Any safeguarding referrals or concerns must be documented on the safeguarding referral form (Appendix 1) and given to the Safeguarding lead who will read it and agree the most appropriate course of action. All recording should be transparent and show defensible decision making even where there have been no onward referrals made for safeguarding.*

Remember: That an allegation of child/adult abuse or neglect may lead to a criminal investigation and we will therefore not do anything that may jeopardise a police investigation, such as asking someone leading questions or attempting to investigate the allegations of abuse.

Remember: It is not the responsibility of any staff/volunteer to determine whether abuse is actually taking place – however - it is the responsibility of the staff/volunteer to take the actions set out in the procedure, if they are concerned abuse is taking place

Guidance for Staff/Volunteers Regarding Disclosures From or About Children and Vulnerable Adults:

When a child, young person or vulnerable adult makes an allegation of abuse, you should:

- *Stay calm*
- *If you believe the person is 'at risk' of immediate significant harm then you must contact the relevant emergency service and then notify the safeguarding lead.*
- *Listen carefully to what is said and allow the person to talk at their own pace, being careful not to compromise potential evidence*
- *Find an appropriate opportunity to explain it is likely that information will need to be shared with other responsible people, do not promise to keep secrets/protect confidentiality.*
- *Communicate with a child or adult in a way that is appropriate to their age, understanding and preference.*
- *Only ask questions for clarification, the use of open questions e.g. what, where, when, who? is advisable, do not ask leading questions (that suggest certain answers as this could compromise evidence)*
- *Reassure the child, young person or vulnerable adult that they have done the right thing in telling you and acknowledge that this has taken courage.*
- *Tell them what you will do next and who you will inform if appropriate and safe to do so.*
- *Immediately record the concern on the safeguarding record form in Appendix 1 and discuss with designated safeguarding lead*
- *Record all details you are aware of accurately and as soon as possible – record facts not assumptions/opinions. Record all concerns, discussions about the child, decisions made and the reasons for those decisions.*

10. Domestic Violence

Where there are concerns about a victim of domestic abuse due to information disclosed, a DASH assessment must be completed. If this results in 14 or more ticks or upon your professional judgement you feel the victim should be considered high risk, then the completed DASH risk assessment and MARAC referral form should be sent to the relevant MASH, please refer to Appendix 4 and 5 for the relevant forms. The email addresses below are for the MASH's. This ensures a coordinated multi agency approach for the safety of the victim. After submitting the referral form, the referrer will be invited to attend the MARAC meeting to discuss the concerns. Please make your line manager aware of any invitations to a MARAC meeting.

Sunderlandicrt@northumbria.pnn.police.uk

Northumberland.mash@northumbria.pnn.police.uk

NorthTyneside.mash@northumbria.pnn.police.uk

Newcastle.mash@northumbria.pnn.police.uk

Gateshead.mash@northumbria.pnn.police.uk

SouthTynesideisit@northumbria.pnn.police.uk



Safeguarding Record Form

This form is to be completed when staff are concerned for an adult or child and should be completed in line with the safeguarding policy and handed to the designated safeguarding lead when complete. Once there has been an outcome or update then the form must be updated and uploaded to the relevant case on CMS. The completed Safeguarding form, with outcome will also be saved in the secure 'Manage' drive by the designated lead.

Case Number:	
Date (of writing this record):	Time (of writing this record):
About the person reporting the concern/allegation and completing this form:	
Name (print):	
Job Title (print):	
Signature:	
<p>Record the following factually: When? (date & time of incident); What exactly has raised your concern (what happened, what did you see/hear/find out or what were you told)? Where did your concerns arise? Who else - were any other staff or people present or involved? N.B. Please record any direct disclosures/statements/ allegations/comments using the child or adult's exact words in quotation marks</p>	
<p>NB if additional pages are used, these must be attached securely to this form</p>	
About the designated safeguarding lead this information was passed to:	
Date and Time lead:	
Name ():	
Job Title (print):	
Signature:	

Summary of discussion held with safeguarding lead and actions agreed: *N.B. Please include next to any actions, the name of the action holder and any agreed timescales in which these actions are to be completed.*

Date, time, name, role, organisation advice provided by: *i.e. Police, Adult or Children Social Services and agreed next steps.*

Child or Adult concerned informed of the safeguarding referral: Yes/No *Where they haven't been informed of breach of confidentiality or safeguarding please include justification for doing so. Please note this should only be in circumstances where informing them may lead to serious or significant harm to themselves or others.*

Outcome, date of outcome and any next steps required by VFN. *(e.g. Accepted as safeguarding concern, Multi Agency meeting held, concern not upheld etc.)*

Date Effective: 1st April 2019

Appendix 2

Initial Home Visit Risk Assessment

Victim name:

Address:

SRN

Relevant warnings:

Relevant intelligence:

Victim Co-ordinator comments:

Relevant concerns:

Date and time of visit:

Name of Victim Care Co-ordinator:

Buddy:

Crisis/Suicide/Self harm call principles

All VFN support should be undertaken with the following principles in mind, and they apply fully to the situation of supporting an individual who has suicidal intent. Co-ordinators should always:

- Provide sensitive support
- Avoid giving advice as to a 'right' course of action
- Be non-judgemental
- Seek to signpost someone to the most appropriate form of help

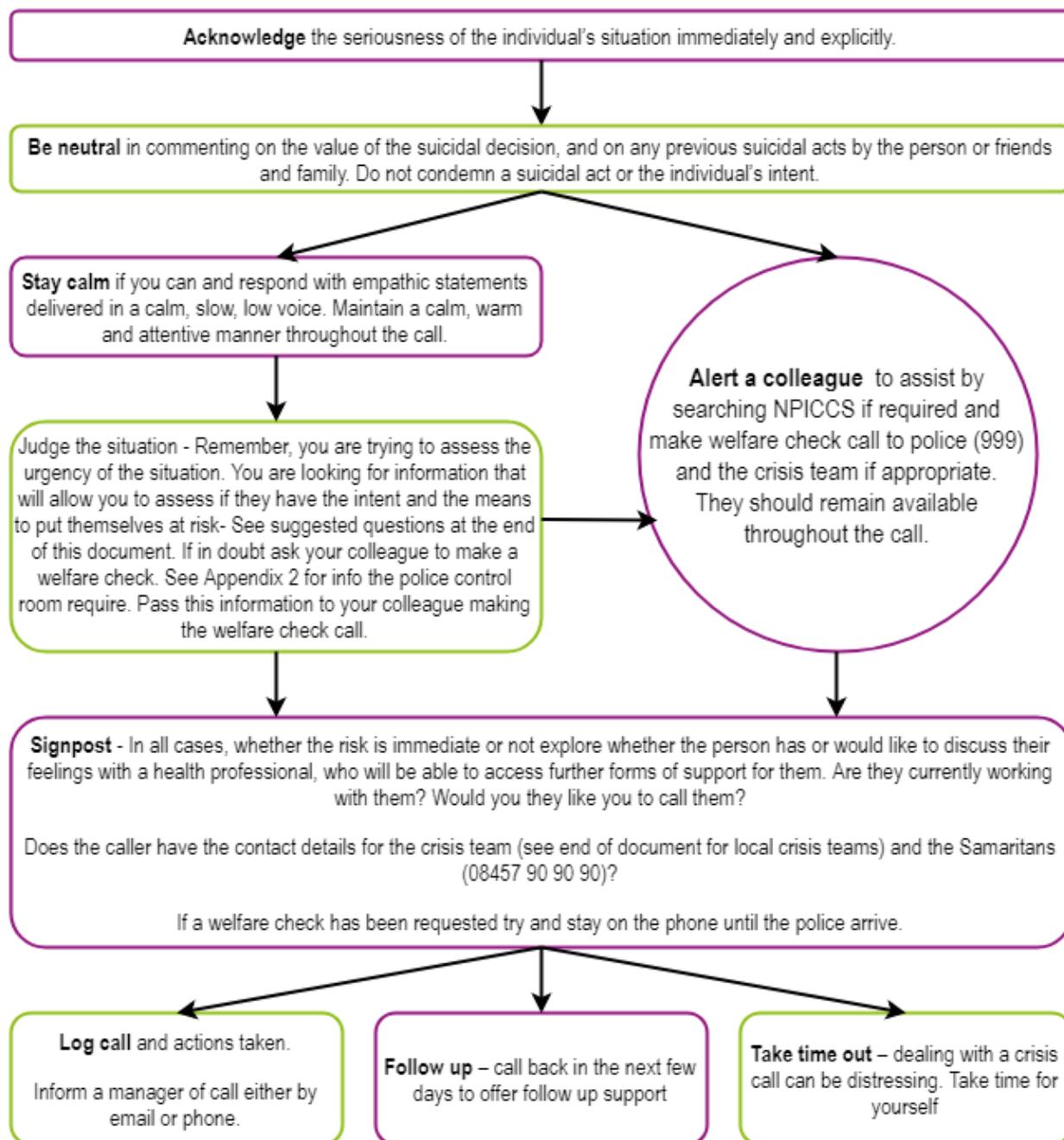
If a caller expresses any suicidal thought or ideas, explore this with them.

Ask them directly if they have any current plans to harm themselves or kill themselves? Ask if they have the means to do this – this will allow you to assess if a welfare check is required.

Do not worry that by asking someone if they are planning to kill themselves you may plant an idea in their head.

IF IN ANY DOUBT then request a welfare check.

Crisis Call Protocol:



Key Questions:

**Have you ever thought about taking your life?
Have you any plans to harm yourself?
Do you feel so bad you want to die?
Have you thought about how you want to do this?
Are you feeling this way now?
Have you felt like this before?
Have you ever harmed yourself/ tried to kill yourself before?
How does the idea of not being here make you feel?
Where are you now? (Try and get an address)
Do you have anyone with you?
Is there anywhere you can go now where you will feel safe?
See Appendix 2 for information the control room will require if
a welfare check is needed.**

Don't worry if you don't ask all of these. These are guideline questions.

Don't worry about being up front in asking if someone has a plan to harm or kill themselves. It is important to do so in order to assess the situation. Some people may worry that by asking about suicidal feelings we might put the idea in someone's head. That isn't the case; research shows that you can't "put the idea" into a person's head, or suddenly make suicide seem like a good option. Instead, being able to talk about their feelings can make someone feel less isolated or lonely when they're going through a tough time. People can have a range of 'suicidal' feelings – some might talk about wanting to go to sleep and not wake up, or wanting all the bad things to go away. It's common for people in difficult situations to have these thoughts, but that does not necessarily mean they want to take their own life. One person might see suicide as one possibility amongst several, another might feel it is the choice they want to make and have planned how they want to take their own life.

Where somebody you have supported commits suicide:

It is common for anyone involved in the life of a person who has committed suicide to experience complex and difficult feelings after their death. If you find yourself in this position, it is again important that you seek support from someone that you can discuss this with.

Personal Boundaries:

Do not be afraid to take time for yourself after a difficult call. It is common to not always realise the impact a call has had. Speak to a manager or a colleague and talk through how you feel. Do not feel you have betrayed someone by alerting the police for a welfare check. It is entirely appropriate to do so when someone discloses they are at risk and is within the duties of your role.

Do not worry about setting clear boundaries with a caller if their calls become frequent or the caller becomes demanding. Remember we are a referrals service and are not trained mental health professionals. Try to avoid creating a dependence on the service or one worker where there is a more appropriate service available – to do so can sometimes cause more harm than good. Try to compassionately and empathetically steer them towards an appropriate referral or service.

Finally, remember we are a team – if you need help speak to colleagues for advice, guidance or support. If you need further support we have telephone access to the Employee Assistance Programme.

1) Crisis team numbers

Newcastle	0303 123 1146	Link to web page - Newcastle
North Tyneside	0303 123 1146	Link to web page - North Tyneside
Gateshead	0303 123 1145	Link to web page - Gateshead
South Tyneside	0303 123 1145	Link to web page - South Tyneside
Sunderland	0303 123 1145	Link to web page - Sunderland
Northumberland	0303 123 1146	Link to web page - Northumberland

2) Control room process

Assessment of caller vulnerability using the 'THRIVE' principles to assess Threat, Harm, Risk, Investigation, Engagement and grading appropriately using the following definition:

'A person is vulnerable if as a result of their situation or circumstances, they are unable to take care of, or protect themselves or others, from harm, exploitation or other adverse impact on their quality of life.'

Adverse Impact: deterioration of health, mental and/or emotional well-being or; an inability to carry out normal day to day routine though fear and intimidation.

The following factors may indicate that someone is vulnerable:

- o Repeat Victimisation (not restricted to the type of crime/ASB reported)
- o Family Circumstances (e.g. Child at Risk, carer for vulnerable child or adult)
- o Personal Circumstances (Consumption/dependency upon drugs/alcohol; homelessness; experience of trauma)
- o Health (physical / mental / emotional well-being)
- o Equality & Diversity (Race, age, gender, sexuality, disability, religion, nationality, lifestyle choice e.g. Goths or Emos etc.)
- o Economic Circumstances

Emergency is a Grade 1; response, Urban Area within 10 minutes, rural area within 20 minutes

Priority, Grade 2; Attend as soon as practicable AND in any case within 1 hour

Non-Emergency Grade 3; Attend as soon as practicable AND in any case within 4 hours

Anything else is a more routine nature and not really something we would contact the police for.

The call taker at NCC / SCC will need;

Your details including your DIRECT number

IP's details sufficient to find them on NPICCS

Their location particularly if in dangerous area, bridge / clifftop etc

Reason for concern (demeanour, threats made of self harm, sounds in background)

Their contact number

Details of anyone with them

Their clothing if in public (but don't upset them to get this)

Keep the caller on the line until an officer arrives on scene, or the call taker instructs you to end the call or the IP disengages.

Date Effective: 1st April 2019

Once disengaged inform the control room but do not call them back unless asked to, local officers or on duty negotiators may be in a position to make contact.

An emergency contact encompasses circumstances where an incident is reported to the police which is taking place and in which there is, or is likely to be a risk of:

- Danger to life
- Use, or immediate threat of use, of violence
- Serious injury to a person and/or
- Serious damage to property

Where the contact relates to an allegation of criminal conduct, it will be dealt with as an emergency if:

- The crime is, or is likely to be serious, and in progress
- An offender has just been disturbed at the scene
- An offender has been detained and poses, or is likely to pose, a risk to other people

Where the contact relates to a traffic collision, it will be dealt with as an emergency if:

- It involves or is likely to involve serious personal injury
- The road is blocked or there is a dangerous or excessive build-up of traffic

Where the above circumstances do not apply, a contact will still be classified as an emergency if:

- The circumstances are such that a police contact handler has strong and objective reasons for believing that the incident should be classified as an emergency
- An emergency contact will require immediate response in line with force deployment policy

Whilst your colleague is speaking to the IP, if you assist then Northumbria Police call taker will need the following from whoever calls it in;

Your Details including organisation	
Your Direct Number	
The IP's details (name DOB or SRN if Known)	
Their contact number from your phone display	
Reason for concern	<i>i.e Very distressed, crying threatening to take his own life</i>
IP's location either confirmed or as stated by IP	<i>i.e States he is on the Gateshead side of the Redheugh bridge, at this time on the safe side of the barrier</i>
Anyone with them	
Clothing (particularly if in daylight and in an area covered by police CCTV)	
Is he/she still on the line?	<i>Keep the IP talking / on the line if you can until either; He disengages, the call taker asks you to end the call, or officers on scene ask you to end the call</i>
If caller disengages	<i>Don't call back unless police ask you to, negotiators</i>

Date Effective: 1st April 2019

	<i>may be better placed to make the call.</i>
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MARAC Referral

The referring agency is to complete this form with as much information as possible and forward the referral together with a copy of the completed risk indicator checklist **to your agency MARAC point of contact (NOT directly to the MARAC Co-ordinator – in order for the referral to be quality checked to confirm it has been completed correctly and meets the MARAC criteria.**

Date of referral:	Agency:
Name of referring practitioner	Address:
Contact details: Telephone: Mobile: Email:	
REFERRAL TO MARAC (please specify)	SCHEDULED / EMERGENCY
VICTIM	PERPETRATOR
Forename(s):	Forename(s):
Surname:	Surname:
Alias:	Alias:
DOB:	DOB:
Address:	Address:
Ethnic Origin:	Ethnic Origin:
Religion:	Religion:
Status of Relationship:	
Safe Contact number (please state if there is not one)	
If Refugee / Asylum seeker (victim only)	

Nationality: British	Status:
GP details if known (
VICTIM RISK ASSESSMENT ON REFERRAL	
STANDARD / MEDIUM / HIGH	
CONSENT:	
Service User's Consent Obtained:	If not can you satisfy the requirement to share information without consent? YES / NO
LIST ANY CHILDREN IN THE HOUSEHOLD:	
<p>Name:</p> <p>1. Date of Birth: Address:</p> <p> School:</p> <p>2. Name: Date of Birth: Address: School:</p> <p>3. Name: Date of Birth: Address: School:</p> <p>4. Name: Date of Birth: Address: School:</p>	

BACKGROUND INFORMATION:

EG. Why are you referring this case to MARAC and what do you want from the process?

Please provide **FULL** details of the circumstances and current risk issues.

Additional information can attached on a separate piece of paper if required)

-

PROFESSIONAL JUDGEMENT

*****IF THERE ARE LESS THAN 14 TICKS ON THE RISK IDENTIFICATION CHECKLIST, YOU MUST INCLUDE FULL RATIONALE AND FULLY EXPLAIN WHY THE VICTIM IS DEEMED TO BE AT HIGH RISK OF SERIOUS HARM OR HOMICIDE – WITHOUT THESE DETAILS, THE MARAC REFERRAL WILL NOT BE ACCEPTED AND WILL BE RETURNED TO YOUR POINT OF CONTACT.*****

Is the person referred aware of the MARAC referral?

If the person is aware of MARAC referral and it is safe to contact them please consider the following questions:

- Who is the victim afraid of?(to include all potential threats, and not just primary perpetrator)
- Who does the victim believe it is safe to talk to?
- Who does the victim believe it is not safe to talk to?

REFERRAL INTO MAPPA: YES / NO (to be completed by MARAC Co-ordinator)

Equality and Diversity information for survivor and perpetrator

We aim to support people from all communities and by completing this section, it helps us measure which communities we are supporting.

VICTIM

Gender: Male Female If you identify yourself as Transgender / Transsexual
Prefer not to say

Ethnicity: White – British Irish Other

Mixed – White & Black Caribbean White & Black African

White & Asian Other

Asian or Asian British – Indian Pakistani Bangladeshi Other

Black or Black British – Caribbean African Other

Chinese or other Racial Group – Chinese Other

Religion / Belief: None Christianity Buddhism Hinduism Judaism
Islam Sikhism Other Prefer not to say

Disability: Yes No Prefer not to say

Sexual Orientation: Lesbian / Gay Bi-sexual Heterosexual Prefer not to say

PERPETRATOR

Gender: Male Female If you identify yourself as Transgender / Transsexual
Prefer not to say

Ethnicity: White – British Irish Other _____

Mixed – White & Black Caribbean White & Black African White & Asian
 Other _____

Asian or Asian British – Indian Pakistani Bangladeshi Other _____

Black or Black British – Caribbean African Other _____

Chinese or other Racial Group – Chinese Other _____

Religion / Belief: None Christianity Buddhism Hinduism Judaism Islam
Sikhism Other _____ Prefer not to say

Disability: Yes _____ No Prefer not to say

Sexual Orientation: Lesbian / Gay Bi-sexual Heterosexual Prefer not to say

Appendix 5 – DASH form

SafeLives Dash risk checklist

Quick start guidance

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

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

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

- Confidentiality Policy
- Information Sharing Policy and Protocols
- Marac Referral Policies and Protocols

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

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

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

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

Revealing the results of the Dash risk checklist to the victim

Telling someone that they are at high risk of serious harm or homicide may be frightening and overwhelming for them to hear. It is important that you state what your concerns are by using the answers they gave to you and your professional judgement. It is then important that you follow your area’s protocols when referring to Marac and Children’s Services. Equally,

identifying that someone is not currently high risk needs to be managed carefully to ensure that the person doesn't feel that their situation is being minimised and that they don't feel embarrassed about asking for help. Explain that these factors are linked to homicide and serious harm and that if s/he experiences any of them in future, that they should get back in touch with your service or with the emergency services on 999 in an immediate crisis.

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

Resources

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

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

Asking about types of abuse and risk factors

Physical abuse

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

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

- If an incident has just occurred the victim should call 999 for assistance from the police. If the victim has injuries they should try and get them seen and documented by a health professional such as a GP or A&E nurse.

Sexual abuse

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

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

Coercion, threats and intimidation

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

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

Emotional abuse and isolation

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

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

Children and pregnancy

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

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

Economic abuse

Economic abuse is covered in question 20.

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

We also have a library of resources and information about training for frontline practitioners at http://www.safelives.org.uk/marac/Information_about_Maracs.html

Other Marac toolkits and resources

If you or someone from your agency attends the Marac meeting, you can download a **Marac Representative's Toolkit** here: <http://www.safelives.org.uk/marac/Toolkit-Marac-representative.pdf>. This essential document troubleshoots practical issues around the whole Marac process.

Other **frontline Practitioner Toolkits** are also available from http://www.safelives.org.uk/marac/Resources_for_people_who_refer_to_Marac.html. These offer a practical introduction to Marac within the context of a professional role. Please signpost colleagues and other agency staff to these toolkits where relevant:

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

For additional information and materials on Multi Agency Risk Assessment Conferences (Maracs), please see the http://www.safelives.org.uk/marac/10_Principles_Oct_2011_full.doc. This provides guidance on the Marac process and forms the basis of the Marac Quality Assurance process and national standards for Marac.



SafeLives Dash risk checklist

Aim of the form

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

How to use the form

Before completing the form for the first time we recommend that you read the full practice guidance and FAQs. These can be downloaded from:

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

http://www.safelives.org.uk/marac/RIC_for_Marac.html. Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

¹ For further information about MARAC please refer to the 10 Principles of an Effective MARAC:
http://www.safelives.org.uk/marac/10_Principles_Oct_2011_full.doc

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.

SafeLives Dash risk checklist for use by Idvas and other non-police agencies² for identification of risks when domestic abuse, ‘honour’- based violence and/or stalking are disclosed

<p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.</p> <p>Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.</p> <p>It is assumed that your main source of information is the victim. If this is <u>not the case</u>, please indicate in the right hand column</p>	YES	NO	DON'T KNOW	State source of info if not the victim (eg police officer)
<p>1. Has the current incident resulted in injury? Please state what and whether this is the first injury.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2. Are you very frightened? Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>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:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>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:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you separated or tried to separate from [name of abuser(s)] within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there conflict over child contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.	YES	NO	DON'T KNOW	State source of info
15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? If someone else, specify who.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

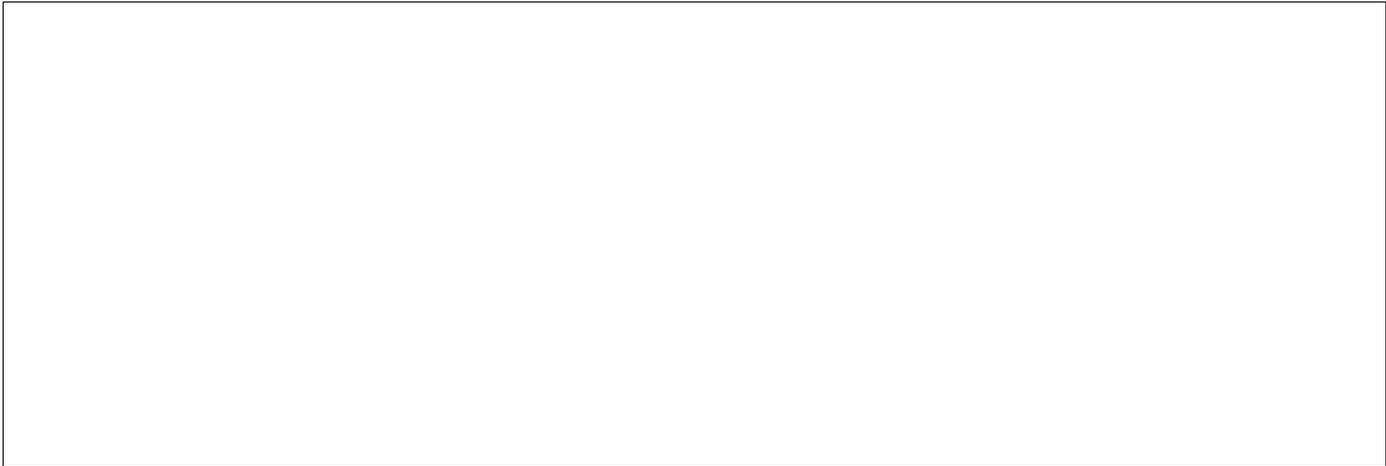
<p>17. Is there any other person who has threatened you or who you are afraid of? If yes, please specify whom and why. Consider extended family if HBV.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>18. Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including the children, siblings or elderly relatives:</p> <p>Children <input type="checkbox"/></p> <p>Another family member <input type="checkbox"/></p> <p>Someone from a previous relationship <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>19. Has [name of abuser(s)] ever mistreated an animal or the family pet?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>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?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>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.</p> <p>Drugs <input type="checkbox"/></p> <p>Alcohol <input type="checkbox"/></p> <p>Mental health <input type="checkbox"/></p>				
<p>22. Has [name of abuser(s)] ever threatened or attempted suicide?</p>				

<p>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?</p> <p>You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.</p> <p>Bail conditions <input type="checkbox"/></p> <p>Non Molestation/Occupation Order <input type="checkbox"/></p> <p>Child contact arrangements <input type="checkbox"/></p> <p>Forced Marriage Protection Order <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>				
<p>24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history?</p> <p>If yes, please specify:</p> <p>Domestic abuse <input type="checkbox"/></p> <p>Sexual violence <input type="checkbox"/></p> <p>Other violence <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Total 'yes' responses</p>				

For consideration by professional

<p>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.</p> <p>Are they willing to engage with your service? Describe.</p>			
<p>Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.</p>			
<p>What are the victim's greatest priorities to address their safety?</p>			
<p>Do you believe that there are reasonable grounds for referring this case to Marac?</p>		<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	
<p>If yes, have you made a referral?</p>		<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	
Signed		Date	
<p>Do you believe that there are risks facing the children in the family?</p>		<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	
<p>If yes, please confirm if you have made a referral to safeguard the children?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	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.