
Working together with Stoke-on-Trent Safeguarding Children Partnership

Agency MARAC Risk Assessment & Referral Form

Risk Identification Checklist for use by IDVA's and other agencies for MARAC case identification when domestic abuse, 'honour' - based violence and / or stalking are disclosed

There are four ways in which an agency can identify a high risk victim of domestic abuse for MARAC. The referral types are:

- A CAADA '**RIC (Risk Identification Checklist) assessment**'. Submitted to MARAC when completed with a score of 14 positive responses.
- The '**Escalation**' assessment is used when the number of incidents being discussed or reported is increasing, within a 12 month period. This is 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.
- A '**Professional opinion**' assessment will be based upon the given facts that are being presented by the victim and the level of professional concern is high. 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.
- A '**Repeat case**' is defined as a case which has been previously referred to MARAC and at some point in the twelve months from the date of the last referral and a further incident has been identified. Any agency may identify this further incident (regardless of whether it has been reported to the police). A further incident includes any one of the following types of behaviour, which, if reported to the police, would constitute criminal behaviour:
 - Violence or threats of violence to the victim (including threats against property), or
 - A pattern of stalking or harassment, or
 - Rape or sexual abuse

Where a repeat victim is identified by any MARAC agency, that agency should refer the case back to the MARAC, regardless of whether the behaviour experienced by the victim meets the local referral threshold of visible high risk, escalation or professional judgement. To identify repeat victims of domestic abuse regardless of to whom it is reported, all MARAC agencies should have the capacity to 'flag and tag' their files following the latest referral so that they are aware if a service user/client experiences a repeat incident.

RESTRICTED (when completed)

MULTI AGENCY MARAC REFERRAL FORM

MARAC does not absolve professionals from undertaking their duties to reduce the risk to victims or sharing information with statutory and support networks. There are local responsibilities to support Domestic Abuse victims and perpetrators and appropriate referrals to these services can and should be made prior to the MARAC meetings.

All * Fields Must Be Completed.

*Referring agency:			
*Referrers name(s):			
*Telephone/email:			
Date:			
*Victim name:		*Victim DOB:	
*Address:			
*Telephone number:			
*Is this number safe to call?	Y	N	<input type="checkbox"/>
Please provide any relevant information regarding contact:			
Diversity Data (if known):	B&ME <input type="checkbox"/>	Disabled <input type="checkbox"/>	LGBT <input type="checkbox"/>
*Perpetrator(s) name:		Perpetrator(s) DOB:	
Perpetrator(s) address:		Relationship to victim:	

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*Children (please add extra rows if necessary if none state **NONE**)

Name	DOB	Relationship to victim	Relationship to perpetrator	Address (if different to victim)



* RISK ASSESSMENT FACTORS

Professional Judgement:	Y <input type="checkbox"/> N <input type="checkbox"/>	Visible high risk (14 ticks or more on CAADA - DASH RIC)	Y <input type="checkbox"/> N <input type="checkbox"/>	Potential Escalation:	Y <input type="checkbox"/> N <input type="checkbox"/>
Alcohol/Drug Issues (IP)	Y <input type="checkbox"/> N <input type="checkbox"/>	Alcohol/Drug Issues (Perp)	Y <input type="checkbox"/> N <input type="checkbox"/>		

REASON FOR REFERRAL/ADDITIONAL INFORMATION

*Reason for Referral:	
*Is the victim aware of MARAC referral?	Y <input type="checkbox"/> N <input type="checkbox"/>
*Has consent been given?	Verbal <input type="checkbox"/> Signed <input type="checkbox"/>
* Consent For IDVA	Y <input type="checkbox"/> N <input type="checkbox"/>
<p>Ask the victim to sign below or indicate if verbal consent has been obtained.</p> <p>Please explain that regardless of consent being refused, if there are life threatening or child protection issues this information may be shared.</p> <p>It has been explained to me that this information will be shared with partner agencies. I understand that relevant and essential information whether medical or otherwise concerning myself or my children may be shared with partner agencies including ChS, Police, Probation, Health and Housing for the purpose of MARAC and to help secure my safety and that of my family.</p> <p>Date:</p> <p>Signature:</p>	
<p>If No Consent given, consider sharing information under Data Protection Act, Human Rights, Common Law and in the interests of public safety</p> <p>Data Protection supersedes the Caldecott guidelines where there is high risk of harm.</p>	
*Has Information Without Consent Form been completed?	Y <input type="checkbox"/> N <input type="checkbox"/>

Risk Indicator Checklist for use by agencies for MARAC case identification when domestic abuse, 'honour'- based violence and/or stalking are disclosed

Signed:

Name:

Date:

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 <input checked="" type="checkbox"/> . 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 (tick)	No	Don't Know	State source of info if not the victim e.g. police officer
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you very frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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) On scale of 1 to 10 (10 being very safe), how safe do you feel at the moment? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you feel isolated from family/friends i.e. does (name of abuser(s).....) try to stop you from seeing friends/family/doctor or others? How would you rate the support around you on a scale 1-10 (10 being very well supported)? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed or having suicidal thoughts? On a scale of 1-10 (10 being very well) how well do you think you are coping in terms of your health and wellbeing?	<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"/>	

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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 <input checked="" type="checkbox"/> . 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 (tick)	No	Don't Know	State source of info if not the victim e.g. police officer
8. Does (.....) 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?				
12. Does (....) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider 'honour'-based violence and specify behaviour.) Comment				
13. Has (.....) ever used weapons or objects to hurt you? Comment:				
14. Has (.....) 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)				
15. Has (.....) ever attempted to strangle/choke/suffocate/drown you? Comment:				
16. Does (.....) 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 (.....) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.) Children <input type="checkbox"/> Another family member • <input type="checkbox"/> Someone from A previous relationship Other (please specify) X				
19. Has (.....) ever mistreated an animal or the family pet?				

Tick box if factor is present. Please use the comment box at the end of the form to expand on any answer.	Yes (tick)	No	Don't Know	State source of info if not the victim e.g. police officer
20. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?				
21. Has (.....) 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Has (.....) ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Has (.....) 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.) On scale of 1 to 10, how well do you think the criminal justice system is looking after you at the moment? Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child Contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify.) DV Sexual violence <input type="checkbox"/> Other violence Other <input type="checkbox"/> On a scale of 1 to 10, how well informed do you feel about the services that are available to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total 'yes' responses				
<p>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 and minimisation. Are they willing to engage with your service?</p> <p>Describe:</p> <p>Consider abuser's occupation/interests-could this gives them unique access to weapons? Describe:</p>				
<p>What are the victim's greatest priorities to address their safety?</p>				

Do you believe that there are reasonable grounds for referring this case to MARAC?

If yes, have you made a referral?

Signed:

Date:

Do you believe that there are risks facing the children in the family?

If yes, please confirm if you have made a referral to safeguard the children:

Date referral made.....

Signed:

Name:

Date:

Please send the completed referral form to the relevant area:

For Staffordshire:

Moorlands:

MNPTV@staffordshire.pnn.police.uk

Coordinator is Lisa.Cumberbatch2@staffordshire.pnn.police.uk

Stafford & Stone:

stafford.vulnerability@staffordshire.pnn.police.uk

Coordinator is sharon.edwards@staffordshire.pnn.police.uk

South Staffs:

SouthStaffsVulnerability@staffordshire.pnn.police.uk

Coordinator is Mark.Bestwick2@staffordshire.pnn.police.uk

Lichfield:

lv@staffordshire.pnn.police.uk

Coordinator is Joanne.Barrington@staffordshire.pnn.police.uk

Cannock:

cannock.partnerships@staffordshire.pnn.police.uk

Coordinator is Keeley.Clayton@staffordshire.pnn.police.uk

Tamworth:

tvp@staffordshire.pnn.police.uk

Coordinator is Yvonne.Davis@staffordshire.pnn.police.uk

Newcastle:

NVH@staffordshire.pnn.police.uk

Coordinator is Karen.Woodcock@staffordshire.pnn.police.uk

East Staffs:

esp@staffordshire.pnn.police.uk

Coordinator is Jennifer.Bond@staffordshire.pnn.police.uk

For Stoke-on-Trent:

- For MARAC referrals for **Stoke North** please send referrals to: STNPH@staffordshire.pnn.police.uk

Coordinator is Fiona.Cooper24322@staffordshire.pnn.police.uk

- For MARAC referrals for **Stoke South** please send to: STSPH@staffordshire.pnn.police.uk

Coordinators are Michelle.beardmore@staffordshire.pnn.police.uk and Ruth.Davies@staffordshire.pnn.police.uk

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