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**My CWA**

**COMMUNITY and ACCOMMODATION SERVICE**

**Cheshire Without Abuse**

**HIGH RISK IDVA/MARAC SERVICE**

**Cheshire East Council**



**IDVA Services**

REFERRAL TOOLKIT

**This Referral Toolkit contains the tools and resources needed by professionals to understand the level of risk and needs of individuals and families affected by domestic abuse and to make a ‘whole family’ referral where possible**

**Please note that in this exceptional period of Covid-19 pandemic we will be delivering some of our provision differently. Group work is likely not to take place and we will need to prioritise one to one work for those who need it most. To safeguard clients and staff most work will take place via the telephone. Ring 0300 123 5101 if you want to discuss before referral.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate whether the referral is for MARAC (Multi-agency Risk Assessment Conference - high risk) or other domestic abuse service**  **(CEDAH assessment/referral)** | | | |
|  | YES/NO |  | YES/NO |
| **CEDAH assessment/referral?** |  | **MARAC Referral (High Risk only)** |  |
| **Have you completed a Risk Identification Checklist?** |  | **Have you completed the DASH RIC (Domestic Abuse Stalking and Harassment-Risk Indicator Checklist) and information required for a MARAC Referral?** |  |
| **Is the client aware of this referral?** |  | **Is the client aware of this referral?** |  |
| **Does the client consent to this referral?** |  | **Does the client consent to this referral?** |  |

***N.B. consent is required for non high risk referrals***

**Client/Family Details –** for all/any family members at any risk level

We want to promote whole family referrals where possible. Please start with the needs of the ‘victim’ and add in children and other significant adults, including the alleged perpetrator of the abuse.

**We will always address the safety of all family members at every stage of working with them**

|  |  |
| --- | --- |
| **Referring agency (if health, please specify Trust)** |  |
| **Contact Name & Role** |  |
| **Contact number(s)** |  |
| **Email address** |  |
| **Date of Referral** |  |

|  |
| --- |
| **Is this a referral for ‘victim’, child(ren), alleged perpetrator? Tick any which are appropriate. We will always try to respond to the needs of the family in a holistic way**  Victim  Alleged Perpetrator  Child(ren) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Victim’s Name** | |  | | **D.O.B.** |  | |
| **Gender** | | Female  Male  Non-binary | | | | |
| **Address** | |  | | | | |
| **Contact numbers**  (mobile and/or landline) | |  | | **Confirmed safe to call? Y/N** |  | |
| **Readiness to Engage**   |  |  |  | | --- | --- | --- | | * Do they recognise and accept there is an issue? | Yes | No | | * Do they want support/help for this issue? | Yes | No | | * Will they take an active role in dealing with the issue? | Yes | No | | | | | | | |
| **GP Surgery** (if known) | |  | | | | |
| **Diversity - completing this section is very important -**  Ethnicity ………………………………………………Disability  Physical  MH  Learning  Sexuality: Heterosexual **☐**  Lesbian  Gay  Bisexual  Trans  Does not wish to disclose  Does the person’s gender match that assigned at birth? Yes  No  Unknown  Any other vulnerability? E.g. substance misuse, mental ill health, cultural or language barriers, geographic isolation? | | | | | | |
|  | | | | | | |
| **Alleged perpetrator’s name**  (include any known aliases) | |  | | **D.O.B.** |  | |
| **Gender** | | Female  Male  Non-binary | | | | |
| **Alleged perpetrator’s address(es)** | |  | | **Relationship to victim** |  | |
| **Are you referring this person?** | |  | | **Do they give consent?** |  | |
| **Readiness to Engage**   |  |  |  | | --- | --- | --- | | * Do they recognise and accept there is an issue? | Yes | No | | * Do they want support/help for this issue? | Yes | No | | * Will they take an active role in dealing with the issue? | Yes | No | | | | | | | |
| **Diversity data - completing this section is very important**  Ethnicity ………………………… Disability  Physical  MH  Learning  Heterosexual **☐** Lesbian  Gay  Bisexual  Trans  Does not wish to disclose  Does the person’s gender match that assigned at birth? Yes  No  Unknown    Any other vulnerability? E.g. substance misuse, mental ill health, cultural or language barriers, geographic isolation? | | | | | | |
| **Other significant adult within the family – *please tell us about anyone else who impacts safety*** |  | | **DOB** | | |  |
| **Address** |  | | | | | |
| **Relationship to victim** |  | | **Contact No.** | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Further info about this person/role in the family** | | | |
| **CHILD OR YOUNG PERSON IN HOUSEHOLD OR FAMILY NETWORK** | | | |
|  | FIRST CYP | SECOND CYP | THIRD CYP |
| First Name |  |  |  |
| Surname |  |  |  |
| Date of Birth |  |  |  |
| Gender – M/F/Other |  |  |  |
| Does this child live with victim |  |  |  |
| Address & Postcode if different to that of the victim |  |  |  |
| School/Nursery |  |  |  |
| Relationship to victim |  |  |  |
| Relationship to Alleged Perpetrator |  |  |  |
| Does this child have any special needs? |  |  |  |
| Are there any professionals involved with this child? If so, who? Contact details |  |  |  |
| CSC involvement?  CAF CIN CP Care Order (CO) |  |  |  |
| Who does the child relate to most positively? |  |  |  |
| **Are you referring this child for services? Y/N** |  |  |  |
| Is this child ready and willing to receive help Y/N |  |  |  |

**FACTORS TO CONSIDER WHEN THINKING THROUGH SAFEGUARDING FOR CHILDREN**

**CHILD/REN PROTECTED AND SUPPORTED BECAUSE:**

*- victim able to recognise the impact?*

*- victim can safeguard and prioritise needs?*

*- victim is engaging with services?*

*- abuser able to recognise impact on their child/ren?*

*- abuser willing to work with services to change?*

*- abuser being held to account by civil/criminal justice (orders etc)?*

*- child has other family members who are supportive?*

*- child has good support via school and other agencies?*

*- child has a safety plan and can use it?*

**CHILD/REN MORE AT RISK BECAUSE OF:**

*- either parent unable to recognise impact?*

*- either parent unable to prioritise child needs?*

*- child feels afraid, guilty, isolated, ashamed or that abuse is ‘normal’?*

*- child is additionally vulnerable (age, special needs….)*

*- child is directly harmed through attempts to intervene or direct abuse*

*- child is showing effects such as changes in behaviour, reduction in school achievement/attendance*

**DASH RIC (Domestic Abuse Stalking and Harassment-Risk Indicator Checklist)**

|  |  |  |  |
| --- | --- | --- | --- |
| Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.  Please put a ‘x’ in the relevant column (yes, no, don’t know) – add any detail in the Comments section.  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 |
| 1. Has the current incident resulted in injury? (please state what and whether this is the first injury)   Comment: |  |  |  |
| 1. Are you very frightened?   Comment: |  |  |  |
| 1. 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)   **Kill:** Self ☐ Children ☐ Other (please specify)  **Further injury and violence**: Self ☐ Children ☐ Other (please specify)  **Other** (please clarify): Self ☐ Children ☐ Other (please specify)  Comment: |  |  |  |
| 1. 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?   Comment: |  |  |  |
| 1. Are you feeling depressed or having suicidal thoughts?   Comment: |  |  |  |
| 1. Have you separated or tried to separate from (name of abuser(s)….) within the past year?   Comment: |  |  |  |
| 1. Is there conflict over child contact? (please state what)   Comment: |  |  |  |
| 1. 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)   If YES please complete the separate stalking questions at Tool Two |  |  |  |
| 1. Are you currently pregnant or have you recently had a baby (in the past 18 months)? |  |  |  |
| **Domestic Abuse History** |  |  |  |
| 1. Is the abuse happening more often?   Comment: |  |  |  |
| 1. Is the abuse getting worse?   Comment: |  |  |  |
| 1. 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 stalking and specify the behaviour)   Comment: |  |  |  |
| 1. Has (…..) ever used weapons or objects to hurt you?   Comment: |  |  |  |
| 1. Has (…..) ever threatened to kill you or someone else and you believed them?   Comment: |  |  |  |
| 1. Has (…..) ever attempted to strangle/choke/suffocate/drown you?   Comment: |  |  |  |
| 1. Does (….) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else? (Please specify who and what)   Comment: |  |  |  |
| 1. Is there any other person that has threatened you or that you are afraid of? (If yes, consider extended family if honour based violence. Please specify who)   Comment: |  |  |  |
| 1. Do you know if (…..) has hurt anyone else? (Children/siblings/elderly relative/stranger, for example. Consider HBV. Please specify who and what)   Children ☐ Another family member ☐ Someone from a previous relationship ☐ Other (please specify) ☐ |  |  |  |
| 1. Has (…..) ever mistreated an animal or the family pet?   Comment: |  |  |  |
| **Abuser(s)** |  |  |  |
| 1. Are there any financial issues? For example, are you dependent on (…..) for money/have they recently lost their job/other financial issues?   Comment: |  |  |  |
| 1. Has (…..) had a problem in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (Please specify what) Drugs ☐ Alcohol ☐ Mental Health ☐ |  |  |  |
| 1. Has (…..) ever threatened or attempted suicide?   Comment: |  |  |  |
| 1. Has (…..) ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? (Please specify what)   Bail conditions ☐ Non Molestation/Occupation Order ☐  Child Contact arrangements ☐ Forced Marriage Protection Order ☐ Other ☐ |  |  |  |
| 1. Do you know if (……..) has ever been in trouble with the police or has a criminal history? (If yes, please specify)   DV ☐ Sexual violence ☐ Other violence ☐ Other ☐ |  |  |  |
| **TOTAL NUMBER OF TICKS** (14+ requires an immediate MARAC referral) |  |  |  |

**Additional Risk Identification for Stalking and Harassment Cases**

**Complete if stalking has been identified at Q8 on the RIC**

For guidance see: <http://victimsofcrime.org/docs/src/risk-identification-checklist-for-stalking-and-harassment.pdf?sfvrsn=0>

|  |  |  |
| --- | --- | --- |
| **The context and details of what is happening is very important. These are all risk factors of serious harm. Tick the relevant box and add comment where necessary to expand** | | |
|  | YES | NO |
| **1. Is the victim very frightened?** |  |  |
| **2. Has** (Insert name of abuser(s)……) **engaged in harassment on previous occasions(s)?** (this victim and/or other victims) |  |  |
| **3. Has** (Insert name of abuser(s)…..) **ever destroyed or vandalised the victim’s property?** |  |  |
| **4. Does** (name of abuser(s)…..) **visit the victim at work, home, etc., more than three times per week?** |  |  |
| **5. Has** (……..) **loitered around the victim’s home, workplace etc?** |  |  |
| **6. Has** (……..) **made any threats of physical or sexual violence in the current harassment incident?** |  |  |
| **7. Has** (……..) **harassed any third party since the harassment began?** (e.g. friends, family, children, colleagues, partners or neighbours of the victim) |  |  |
| **8. Has** (……..) **acted out violently towards people within the current stalking incident?** |  |  |
| **9. Has** (……..) **persuaded other people to help him/her?** (wittingly or unwittingly) |  |  |
| **10. Is** (……..) **known to be abusing drugs and/or alcohol?** |  |  |
| **11. Is** (……..) **known to have been violent in the past?** (This could be physical or psychological. Intelligence or reported) |  |  |
| **Other relevant information/additional observations made by Practitioner** (e.g. level of fear in victim, details of threats and violence, duration of harassment, various harassing behaviours engaged in by abuser, victim’s beliefs concerning abuser’s motives, weapons owned by abuser, nature of unwanted ‘gifts’/items left for victim, attitude/demeanour of abuser including mental health issues and whether victim has responded in any way to the abuser) | | |

This risk identification checklist can be used in **ALL** cases of stalking and harassment. These questions direct you to specific areas that will give you an indication of the victim(s) risk of future violence/harm. Most behaviour will be about coercive control. Do not think it is any less serious if there has been no physical violence. **The more ‘yes’ answers you have, the higher the risk that the suspect could physically attack the victim at any time**. The answers below **DO NOT COUNT** Toward the score on the RIC – However they should be considered in your assessment of Risk

Please ensure that you write the additional notes about the context of what is going on and link the risk identification response to a risk management/safety plan.

**For further advice and resources see:** [**www.stalkinghelpline.org**](http://www.stalkinghelpline.org)

**MAKING AN IDVA/MARAC REFERRAL FOR HIGH RISK VICTIMS**

Victims and their families should be referred to MARAC when:

* The RIC score is 14 or more
* There are serious professional concerns
* There is a repeat (within 12 months)
* Escalation (3+ incidents in one year)

It is good to get client agreement to an IDVA/MARAC referral but you can bypass consent on the grounds of high risk in order that agencies can support safety measures

|  |  |  |
| --- | --- | --- |
| **MARAC THRESHOLD CHECKLIST – please tick which threshold is being met and provide the information in the corresponding section provided below – the boxes expand** | | |
| Visible high risk (14 ticks or more) | MARAC repeat (further incident identified within twelve months from last referral) | |
| Escalation (*3 or more incidents reported to the police in the past 12 months*) | Professional judgement – You **MUST** complete the information below to explain your concerns | |
| VISIBLE HIGH RISK – DASH RIC score :  MARAC ‘story’ This is the reason for the case to be heard at MARAC and is the information shared with partner agencies. Think ‘first, worse and last’ incident. Please be concise. | | |
| MARAC REPEAT: please provide the date of the previous MARAC meeting and **evidence that the repeat incident involves:**   * violence or threats of violence (including threats against property); or, * A pattern of stalking or harassment; * or, Rape or sexual abuse | | |
| PROFESSIONAL JUDGEMENT: **please** **give evidence of your concerns** about:   * A serious incident or particular factor in the RIC like strangulation, drowning, serious threats to kill, minimisation, repeat abuse * victim’s vulnerability or barrier to accessing support * other family members – children/adults at risk * the alleged perpetrator’s previous abusive behaviour, disregard for police or other sanctions, misuse of drugs… | | |
| Who does the victim believe it is SAFE or NOT SAFE to talk to? | |  |
| Please confirm referral discussed with your line manager | |  |
| Is your client aware of this MARAC referral | | Yes  No |
| Does your client consent to this MARAC referral | | Yes  No |

**FOR CASES OTHER THAN MARAC - Overview of Family**

CEDAS partners are actively promoting a strengths based approach to supporting families. Please consider the following areas and wherever possible include your client/s in this.

|  |  |
| --- | --- |
| **Think Whole Family – Signs of Safety AND Strengths Based Working** | |
| **BACKGROUND** (Please include factors relating to risk and the victim’s or other family needs which will help us identify an appropriate pathway for support) | |
|  | |
| **SAFETY/SUPPORT TO DATE** (Please list actions already taken to address risk and need for the victim and family e.g. steps taken towards increased safety and wellbeing of self or child/ren, supportive networks…) | |
|  | |
| **OTHER FACTORS** (What other information may help us address risk and need? Consider factors relating to added vulnerability such as age, disability, substance misuse, mental health issues, cultural/language barriers or ‘honour-based systems’, geographic isolation and minimisation.) | |
|  | |
| **Future Safety and Wellbeing Goals** (What do you/your client hope to achieve from this referral?) | |
|  | |
| Client Signature:  (or worker’s signature on their behalf) | Date: |

**Thank you for your work in partnership with Cheshire East Domestic Abuse Service**

Where possible complete the referral electronically and email to [cedah@cheshireeast.gov.uk](mailto:cedah@cheshireeast.gov.uk)

If you have any queries phone the Hub on **0300 123 5101**