

MARAC RISK IDENTIFICATION, ASSESSMENT AND REFERRAL FORMS for use in Nottingham and Nottinghamshire

MARAC = MULTI-AGENCY RISK ASSESSMENT CONFERENCES

Also called DASH – Domestic Abuse, Stalking and Harassment and Honour based violence (DASH 2009)

These are the forms for use by all non-police agencies in Nottingham and Nottinghamshire when domestic abuse is disclosed. Please read these notes before completing this form

PLEASE DO NOT CHANGE THIS RISK IDENTIFICATION AND ASSESSMENT MODEL

ALWAYS ASK FOR CONSENT TO SHARE INFORMATION SAFELY WITH OTHER AGENCIES IN ORDER TO ENHANCE SUPPORT THE INDIVIDUAL OR FAMILY (PAGE 10). Page 2 provides further information around Consent to discuss with the victim(s).

Risk Identification and Assessment

All staff and volunteers working with an individual or family at risk from domestic abuse or violence should use these forms to determine a risk level and corresponding referral pathway. “High Risk Cases” need to be referred to MARAC. Children and vulnerable adults should also be referred to Social Care for safeguarding.

Risk assessment is not a predictive process and there is no existing accurate procedure to calculate or foresee which cases will result in homicide or further assault and harm. However, this tool is known to improve assessment of risk in relation to domestic abuse.

Interview the victim in private if possible in order s/he can speak freely. Add up the yes ticks and use your professional judgement to achieve a total. Use the Classification grid on Page 11 to determine a risk level and proceed as indicated. Training is available on use of DASH. Ask your DV specialist service or DV Co-ordinator for details.

For further information about these forms or MARAC processes please contact:
Nottinghamshire MARACs north-maracadmin.north@nottinghamshire.pnn.police.uk
South – maracadmin.south@nottinghamshire.pnn.police.uk
Nottingham City MARAC paula.bishop@nottinghamcity.gov.uk

DASH FORM FOR DOMESTIC ABUSE RISK ASSESSMENT

Information Sharing and Confidentiality

Sharing information safely is essential when working with victims of domestic abuse. Information that you have provided (victim) will help to keep you and any children safe. It will also help improve services offered to you and others.

So we can provide you with the support you need, we need to ask you questions and write down information about you and your family. We also need to share this with other agencies we are working with. They may also share information with us. This should mean you don't have to repeat yourself too often.

We will only share what we need to and will keep your information safe, following our policies. Please sign below if you agree to us doing that.

Sometimes we *have* to share information. This is where the law says we have to; where for example, a child or adult is at risk of harm, where crimes are being investigated or where your child or you need urgent medical help.

Before signing please:

- Ask us any questions you need to about what information we record, what we share and what we do with it, and,
- Tell us if there are any organisations or people who you would not want us to share information with.

If you agree and consent to the the completion of this DASH RIC and for agencies involved in your case to record and share information (following their policies), please sign the consent section on Page 10.

**DASH FORM FOR DOMESTIC ABUSE RISK ASSESSMENT
 DETAILS OF VICTIM (S) AND ALLEGED PERPETRATOR(S)**

Where information is not available write NK (not known)

- Has the victim asked you to report this abuse to the police as a crime on their behalf? **Yes** **No**
- Having indicated that you were going to report the matter to the police, does the victim support you doing so? **Yes** **No**

If the answer to any of these questions is **Yes**, call the Police on 101 / 999 to report this crime and advise you have completed the DASH RIC and date completed. A police officer will contact the survivor to discuss an investigation.

Crime Reference Number / Incident Number <i>if known</i> :	Date (s) of incidents:
Police Officer's Name <i>if known</i> :	
Victim(s) Name:	
Date of birth	
Address	
Safe contact Tel number (home, mobile, work or other) Safe e-mail address	Mobile Landline Work Email
First / main language of the victim	
Ethnic origin	
Sexual orientation	
Gender	
Vulnerable Adult Details Tick all that apply as far as you are aware	Learning disability <input type="checkbox"/> Life limiting illness <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Substance Misuse <input type="checkbox"/> Physical disability <input type="checkbox"/> Mental ill health <input type="checkbox"/>
Has referral been made to Adult Safeguarding?	
If yes, date of referral	
Sources of Information:	<input type="checkbox"/> Victim <input type="checkbox"/> Other sources, please state
Victim GP Details if known:	
Relationship between Victim & Perpetrator: and	

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if partner / ex-partner the length of the relationship:	
Perpetrator(s) Name: Nottingham City only - If there is more than one perpetrator, complete the Multiple perpetrator Mapping tool on page 16.	
Date of Birth	
Address	
Tel number	
First / main language of the perpetrator	
Other names used (please specify)	Other dates of birth (please specify)
Perpetrator GP Details if known:	

Is there a history of violence, domestic or other?
None Violence Sexual Other (specify below) Not known

Does the suspect have access to firearms? Yes No Not known

Existing Bail Conditions? (add detail) Yes No Not known

Children Living Within Domestic Abuse Household or Exposed to Domestic Abuse

Name	DOB	Gender (M) (F) (NK)	Home Address	Relationship to the alleged victim?	Relationship to the alleged perpetrator?	Name of School / Nursery child attends*	Child known to social care?

Social Worker name if known

Time and date this family referred to Children Social Care if appropriate. See Classification grid page 10 for guidance

Time:

Date:

**Inform parents that if the domestic abuse is seriously affecting their child/ren, we have a duty to inform the school in the interests of child safety and well-being*

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DASH QUESTIONS

If possible the victim is interviewed on her/his own. Explain purpose is to improve safety

CURRENT SITUATION THE CONTEXT AND DETAIL OF WHAT IS HAPPENING IS VERY IMPORTANT. THE QUESTIONS HIGHLIGHTED IN BOLD ARE HIGH RISK FACTORS. TICK THE RELEVANT BOX AND ADD COMMENT WHERE NECESSARY TO EXPAND.	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
1. Has the current incident resulted in injury? (please state what and whether this is the first injury)	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you very frightened? Comment:	<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) Kill: Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> (survivor / Victim) Further injury and violence: Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> (survivor / Victim) Other (please clarify): Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> (survivor / Victim)	<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/Dr or others?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you feeling depressed or having suicidal thoughts?	<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"/>
7. Is there conflict over child contact? (please state what)	<input type="checkbox"/>	<input type="checkbox"/>

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	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
<p>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)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>CHILDREN/DEPENDENTS (If no children/dependants, please go to the next section)</p>	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
<p>9. Are you currently pregnant? <input type="checkbox"/> Or Have you recently had a baby (in the past 18 months)? <input type="checkbox"/> Please give details</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. Are there any children, step-children that aren't in the household? Or are there other dependants in the household (i.e. older relative)? Please give details</p>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>

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<p>11. Has (.....) ever hurt the children/dependants?</p> <p>Please give details</p> <p>Was a child present in the house at the time of the incident <input type="checkbox"/></p> <p>Was child injured? If “Yes” refer to Children’s Services. <input type="checkbox"/></p> <p>Please give details</p> <p>Was the child in the arms of either party at the time of the incident <input type="checkbox"/></p> <p>Who:</p> <p><i>Tick Yes if any of these questions apply</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12. Has (.....) ever threatened to hurt or kill the children/dependants?</p> <p>Hurt <input type="checkbox"/></p> <p>Kill <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>DOMESTIC VIOLENCE HISTORY</p>	<p><i>Yes</i></p>	<p><i>No</i></p>
<p>13. Is the abuse happening more often?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>14. Is the abuse getting worse?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>15. 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)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>16. Has (.....) ever used weapons or objects to hurt you?</p> <p>Please give details</p>	<input type="checkbox"/>	<input type="checkbox"/>

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	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
17. Has (.....) ever threatened to kill you or someone else and you believed them? Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has (.....) ever attempted to: strangle? <input type="checkbox"/> choke? <input type="checkbox"/> suffocate? <input type="checkbox"/> drown you? <input type="checkbox"/> when was this?	<input type="checkbox"/>	<input type="checkbox"/>
19. 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)	<input type="checkbox"/>	<input type="checkbox"/>
20. 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 and what you are afraid of:	<input type="checkbox"/>	<input type="checkbox"/>
21 Do you know if (.....) has hurt anyone else? (Children/siblings/elderly relative/stranger, for example. Consider HBV. Please specify who and what) Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has (.....) ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>

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Abuser(s)	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
23. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>
24. Has (.....) had problems 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 <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has (.....) ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>
26. 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 <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"/> Don't Know <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify) DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/> Don't Know <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other relevant information (from victim or worker), which may alter risk levels. Describe: (consider for example victim's vulnerability - disability, mental health, alcohol/substance misuse and/or the abuser's occupation/interests-does this give unique access to weapons i.e. ex-military, police, pest control)

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Is there anything else you would like to add to this?

(Please also use this space for providing extra information from answers to questions, or any concern about minimisation or denial).

Use this section to detail why you are referring using your **professional judgement**.

I hereby give consent for agencies involved in my case to share information to assist them to support my family and me (delete as appropriate).

Signature.....

Date.....

Where consent not given and MARAC referral is being made, the full reasons for referral without consent must be entered on the MARAC referral form (page12).

In all cases an initial risk classification is required:

RISK TO VICTIM:	
STANDARD <input type="checkbox"/>	MEDIUM <input type="checkbox"/>
SEE CLASSIFICATION GRID OVERLEAF Please note that some agencies will automatically refer a case to the MARAC if it scores 14 ticks or more. However, if you believe a case to be high risk and there are less than 14 ticks, please rely on your professional judgement and mark it as high risk. Your reasons should be given on the referral form.	HIGH <input type="checkbox"/> Professional Judgement <input type="checkbox"/> Referral contact details are on the MARAC Referral form Total Number of ticks (for Standard, Medium and High): <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 150px;"></div>

Person completing form with victim

Name

Signature:.....

Date:.....

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Classification Grid - Domestic Abuse Dash RIC Nottingham & Nottinghamshire -2016

Level of Risk	Action to take	Is consent Required	Contact Details
<p>High Adult and Children</p> <p>14 Ticks in Yes box or Professional Judgment – score is below 14 ticks but practitioner has serious safety concerns or there is clearly increasing in severity or frequency (and <u>state reasons on DASH RIC</u>)</p>	<p>Immediate MARAC referral</p> <p>City – send this DASH RIC and MARAC Referral form to the DART - <u>When Faxing note in the Subject heading this is for the DART</u></p> <p>County – send this DASH RIC and MARAC Referral form to the MARAC Administrator for either North or South of the County (<u>see page 11 for contact details</u>).</p> <p>AND complete a child safeguarding referral or a vulnerable adult safeguarding where appropriate and refer to the MASH</p> <p style="text-align: center;">Complete MARAC Referral form on Page 12.</p>	<p>Signed consent should always be sought however consent is not essential for high risk referral</p> <p>If survivor refuses consent when MARAC referral is discussed, reasons why data should be shared legally should be clearly written on the Referral Form</p> <p>Signed consent for a safeguarding referral is not required. However, you are required to inform parent/carer of child of the safeguarding referral as long as it is safe to do so</p>	<p>City <u>DART</u> dart@nottinghamcity.gcsx.gov.uk Tel: 0115 876 2363. Fax 0115 876 2927 – note it is for the DART</p> <p>County <u>MASH</u> Mash.safeguarding@nottscc.gcsx.gov.uk Tel: 0300 500 8090 Fax:01623 486 295</p> <p><u>MARAC Referral (City and County)</u> See page 11 for referral contact details</p>
<p>Medium Adult and Children</p> <p>7-13 Ticks in Yes box</p>	<p>Offer to arrange specialist support from Women’s Aid or equivalent. Initiate CAF (Common Assessment Framework) for a child in the city and an EHAf for child in the county. Refer to own agency procedures.</p> <p>City only – survivor is a vulnerable adult / survivor is pregnant and or has children / you have professional concerns or you would like a multiagency approach, refer to the DART <u>clearly stating why you have made the referral to the DART.</u></p> <p>County only - make a referral to the MASH with any Safeguarding Concerns or contact Early Help Unit for additional support.</p>	<p>Signed consent should always be sought.</p> <p>If not given you do not have grounds for CAF/EHAf or referral to specialist agency</p> <p>If the survivor does not give consent but you have safeguarding concerns, you can still submit the completed DASH RIC to the DART / MASH.</p>	<p>City <u>DART</u> dart@nottinghamcity.gcsx.gov.uk Tel: 0115 876 2363. Fax 0115 876 2927 note it is for the DART</p> <p>County <u>MASH</u> Mash.safeguarding@nottscc.gcsx.gov.uk Tel: 0300 500 8090 Fax:01623 486 295</p> <p><u>Equation Domestic Abuse Service for Men Medium and Standard Risk - County</u> Secure email - county.referrals@equation.cjsm.net Non secure (password protect documents) - countyreferrals@equation.org.uk Tel: 0115 960 5556</p>
<p>Standard Adult and Children</p> <p>1-6 ticks in yes box</p>	<p>Supply 24hour DV Helpline information and other relevant signposting. If the survivor is a vulnerable adult / survivor is pregnant and or has children / you have professional concerns or you would like a multiagency approach, refer to the DART / MASH <u>clearly stating why you have made the referral.</u></p>	<p>Signed consent should always be sought.</p> <p>If not given you do not have grounds for CAF/EHAf or referral to DART / MASH or a specialist agency</p>	<p><u>Equation Domestic Abuse Service for Men Medium and Standard Risk - County</u> Secure email - county.referrals@equation.cjsm.net Non secure (password protect documents) - countyreferrals@equation.org.uk Tel: 0115 960 5556</p>

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For the exercise of functions conferred on any person by or under any enactment (police / Social Services) (DPA, sch 2 & 3)	
In accordance with a court order	
Overriding public interest (common law)	
Child protection – disclosure to social services or police for the exercise of functions under the children act, where the public interest in safeguarding the child’s welfare overrides the need to keep the information confidential (DPA, sch 2 & 3)	
Right to life (Human Rights Act, art. 2 & 3)	
Right to be free from torture, of inhuman or degrading treatment (HUMAN RIGHTS ACT, ART. 2 & 3)	

Please describe the situation as seen by referring agency i.e.:

Who is at risk?

What are the risks?

Referring Agency Details

Referring officer:

Address:

Signature:

Contact details:

Telephone:

Mobile:

Admin to complete

Date referral received:

Case number allocated:

MARAC date case to be discussed:

DASH FORM FOR DOMESTIC ABUSE RISK ASSESSMENT

NOTTINGHAMSHIRE COUNTY North and South MARAC RESEARCH FORM

Research Form for Case Subject to MARAC Review

Strictly Private and Confidential – Use additional sheets if required

Name /agency /role		Date researched	
victim perpetrator children Indicate who you're working with			
		Case No	
Relationship between victim and perpetrator (if known)			
Name of victim Address		Name of perpetrator Address	
DOB		DOB	
Tel No:		Tel No:	
Ethnic origin		Ethnic origin	
Sexual orientation		Sexual orientation	
Gender		Gender	
Occupation		Occupation	
<input type="checkbox"/> Learning Disability <input type="checkbox"/> Sensory Disability <input type="checkbox"/> Mental ill health <input type="checkbox"/> Physical Disability <input type="checkbox"/> Substance Misuse		First language _____ Literacy issues _____ Other (please state) _____	
Name and address of GP if known			
Children's name	DOB	Gender	Ethnicity
including Address if different to victim & School attending			
Relevant information (including contact arrangements, residency, referrals to Social Care or JATS, Police incidents CAFs completed, orders, financial issues, health issues, court dates)			
Is victim, perpetrator or children already known to any other agencies? If yes give brief details including name of workers and any relevant information.			
Give details of any contact made with victim/perpetrator/children (include last sighting/conversation, level of engagement)			

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Highlight any relevant information that relates to any of the risk indicators on the checklist.

Identify any other concerns your agency may have about the victim, perpetrator or children. Clarify any areas of potential misunderstanding for the partner agencies at the MARAC or inaccuracies on the agenda. (E.g. information missing, more than one individual/alias names, conflicting information, more/less children than on agenda).

Nottingham City Multiple Perpetrator Mapping Tool

ASSOCIATE

Name:
DOB:
Address:
.....
Risk:
.....
Connection to Perpetrator:
Any Other Known Survivors:
Connection to Survivor:

ASSOCIATE

Name:
DOB:
Address:
.....
Risk:
.....
Connection to Perpetrator:
Any Other Known Survivors:
Connection to Survivor:

PRIMARY PERPETRATOR

Name:
DOB:
Address:
.....
Risk:
.....

ASSOCIATE

Name:
DOB:
Address:
.....
Risk:
.....
Connection to Perpetrator:
Any Other Known Survivors:
Connection to Survivor:

ASSOCIATE

Name:
DOB:
Address:
.....
Risk:
.....
Connection to Perpetrator:
Any Other Known Survivors:
Connection to Survivor:

ASSOCIATE

Name:
DOB:
Address:
.....
Risk:
.....
Connection to Perpetrator:
Any Other Known Survivors:
Connection to Survivor:

Examples of connection to perpetrator:

- Criminal
- Family member
- Community member
- Friendship group with criminal activities
- Other, *please specify*

Examples of connection to survivor:

- Family member
- Friendship group
- Drug dealer
- Via perpetrator association
- Other, *please specify*