Havering
Safeguarding Adults Board

London Borough Of Havering

Carers as adults at risk from harm or abuse - guidance

V6.0

London Borough Of Havering
1/21/2020

Document Control

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Approval history

Version	Change	Date	Approving body
V0.4	Final	31-03-19	*Approved at Safeguarding Adults Executive Board with inclusion of revised target audience, definition of carer given greater prominence, dissemination and communication to partners including carers'*

			organisations, a related document and links to further information added Awaiting sign-off from Director of Adult Social Care and Health.
V0.5	Refreshed	12-12-19	Approved by OMG
V0.6	Refreshed	21-01-20	Approved by OMG

Contents

Introduction

The risk of deterioration in carers' health and well-being as a result of their caring duties is well-understood. This can be seen as 'the price of caring'. However, sometimes the behaviour of the person being cared for, intentionally or not, can fall into the category of abuse and require a safeguarding response. Identifying, recognising, reporting and responding to carers at risk of harm in these circumstances can be challenging and can be complicated by denial, guilt, or a sense of embarrassment in asking for help. Adult social care staff/ health care professionals should be mindful that relatives/families/friends may not see themselves as carers, thus staff should ensure they proactively encourage carers to recognise the role they play. Staff should ensure they take into account the views and concerns of carers. This document is intended as guidance for practitioners coming into contact with carers who may be in this situation; and is applicable for three years.

Guidance

Summary

A carer is somebody who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.

This guidance should be followed if harm is suspected to a carer from the adult they are trying to support. Where there is concern about alleged abuse of carers, directly as a result of their caring role, then the Safeguarding Adults procedure under Section 42 of Care Act 2014 should be followed.

The Care Act 2014 entitles carers to an assessment where they appear to have needs, and it also entitles them to support if they meet national eligibility criteria. Consideration should be given, as part of the assessment and support planning process for the carer and/or the adult they care for, as to whether support can be provided that removes or mitigates the risk of abuse. Timely and careful assessment is important. In these circumstances, the focus of local safeguarding work invariably covers needs for support on both parts. This may include exploration of capacity for change in order to decrease the risk of further harm.

Risks

The Care Act 2014 puts great emphasis on the importance of the informal caring role and the need for carers to be properly supported. It is therefore important to identify the time when carers are at most risk from harm and to make sure that support plans are put in place to keep them safe.

Risk of abuse can increase where the carer is isolated and not getting practical and/or emotional support from their family, friends, professionals or paid carers. Carer abuse/harm is more likely to occur when communication and relationships are difficult and, in particular where one/some of the following issues affect the person cared for, and/ or the carer:

- Health and care needs that exceed the carer's ability to meet them; especially where this has gone on for a long time
- Needs of the carer or family members are not considered.
- The carer/ cared for person is treated with a lack of respect or courtesy
- The carer/ cared for person rejects help and support from outside; including breaks
- The cared for person refuses to be left alone at any time.

- One party has more control over financial resources, property and living arrangements
- Presence of abusive, aggressive or frightening behaviours
- There is a history of substance misuse, unusual or offensive behaviours
- Cared for person does not understand how what they do has an impact on their carer
- The carer/ cared for person is angry about their situation and seeks to punish others for it
- The carer/ cared for person has sought help or support but this was not provided

There may be risks of financial abuse where carers are trying to support a relative involved in serious substance misuse. When carers feel powerless they may feel less able to report that they are experiencing abuse. The possible consequences for the supported person of sharing concerns about, for example, violence directed towards them or stealing, may also lead to silence.

Confidentiality

Practitioners should be mindful of confidentiality issues when working with carers; during periods of risk carers may require vital information about the supported person's increased risk to self or others. This needs to be balanced with whether there is consent from the supported person to share information with the carer. This should be discussed with your supervisor in line with existing protocols.

Dementia

Such risk factors tend to be greater where the carer lives with a person with dementia or is a partner or close relative. Even where support is available, some carers may still feel unsupported and unrecognised. Information and advocacy support may help. Dementia is a progressive disease and care givers are often faced with escalating demands. These may include emotional, social, physical and financial burdens and having to cope with behavioural and personality changes that are of concern. Carers can become "hidden victims" of abuse. There is some evidence that carers of people with dementia are more at risk of experiencing depressive symptoms. These can be overlooked or go undiagnosed and untreated.

Anti-social behaviour and grooming

Some carers and the person they support can be the target of anti-social behaviour by people in their local community because of the nature of their care and support needs. Analysis of Serious Case Reviews shows that there should be greater awareness of the impact of anti-social behaviour and grooming on those affected, the importance of joined up responses and the scope for holistic action for people at risk of harm. A rapid, multi-agency response and integrated protection plan can address this, and would be coordinated by the Community MARAC (Multi Agency Risk Assessment Conference).

Domestic Abuse

Where carers and/or cared for adults are victims of domestic abuse, domestic abuse processes and procedures should be followed, for example completion of DASH RIC assessment and presentation at Domestic Violence MARAC. Acts of violence or coercion and control cannot be justified as a response to the caring role/responsibility, or where the person alleged to have caused harm has care and support needs like dementia or mental health issues. Where risks continue to increase outside of the wraparound support provided consideration should be given to the case being presented to Community MARAC.

Professional responsibilities

Those working with carers have a responsibility to respect and inform them about their rights (e.g. to an assessment). Omitting to discuss with a carer their needs and requirements to fulfil their caring role or omitting to provide an assessment of their needs, could amount to a failure to meet statutory requirements if the tests of vulnerability or significant harm can be evidenced. This could be seen as a breach of professional accountability. Carers should feel able to speak openly about abuse and the impact that caring is having on their health and wellbeing. The potential impact of interventions on the relationship between the carer and cared-for person must be taken into consideration.

Carers should be encouraged to be involved as equal partners, practitioners need to guard against professional insensitivity or not involving carers as partners. The sorts of behaviours that in some circumstances may place carers at risk might include:

- deliberately ignoring or not listening to carers, excluding them from care plans or assessments, or being dismissive
- consistent failure to recognise or respond to carers who seek to share their concerns or needs with professional
- making wrong assumptions about their situation and coping capacity when making decisions about assessment, care and support
- exploiting feelings of disempowerment, or insensitivity to cultural needs including undermining carers' abilities or not making provisions for language support
- arguing in front of carers about agency responsibilities or funding so that they are an object of discussion, excluded, distressed or feel humiliated
- excessive emphasis on the requirements of confidentiality, within mental health and other areas, notwithstanding guidance on this issue, that may place carers at serious risk of harm
- poor management systems, weak care monitoring, lack of supervision and leadership mean that what happens is not picked up or seen as poor practice or neglect that can lead to service failure or significant harm.

Such situations are not always recognised or reported by carers or by staff.

Carers may not always complain about lack of assessment or failure to consider their needs and wishes. It can be particularly complex where unresolved disputes around care and support and subsequent actions by carers may call into question whether the carer is acting in the best interests of the supported person.

Whilst the evidence is limited, there are indications that some older carers and those from black, Asian and minority ethnic groups find difficulty with, or are intimidated by, organisational behaviours. Carers in this situation may come to feel that it is *"OK not being OK"* and be left to get on with life, when this is not acceptable, and could pose a risk factor.

Support

If there has been a carer's assessment following identification of eligible needs there will need to be a support plan. The support plans will be monitored/reviewed after 6 weeks and thereafter annually or as required.

Applicability

This guidance is intended for practitioners, professionals and agencies, or any other persons coming into contact with carers about whom they may have safeguarding concerns.

Ownership and Authorisation

In the absence of a formal delegation, authority rests with the service that has been assigned operational responsibility, in this case the adult safeguarding service. The authorising body is Havering Safeguarding Adults Executive Board.

Implementation and monitoring

Carers as adults at risk of harm or abuse – guidance, and the following from the Association of Directors of Adult Services is endorsed by Havering Safeguarding Adults Board.

- Directors and Safeguarding Adults Boards must listen, learn and lead on improved safeguarding outcomes and outcomes for carers.
- Safeguarding Adults Boards should engage with carers and local stakeholders working together for better safeguarding practice and outcomes.
- Carers should have access to information, advice and advocacy that enables them to share their concerns and change harmful circumstances.
- Community engagement and professional recognition should be encouraged, and information that reduces risk of abuse should be made available to carers.
- Responses should have the person concerned at their centre and enable those at risk to inform outcomes linked to proportionate and protective services and supports. Risks must be managed and harmful and abusive situations stopped.
- Impacts are understood; practice monitored and safeguarding experiences and outcomes monitored to learn from the experiences of carers and people at risk of harm and those who seek to help them. Staff must have the competencies and operational culture to support this.

The guidance does not itself have a mandatory training requirement but should be included in mandatory safeguarding awareness training.

Dissemination and Communication

This guidance has been disseminated to Havering Safeguarding Adults Board and Havering Carers Board for comments. To be published on Havering Safeguarding Adults web pages and promoted with partners including carers' organisations.

Evaluation and review

This guidance will be reviewed every three years or as and if required in the interim. The next scheduled review of this guidance is for March 2022.

Further information

Further information regarding help and guidance for carers can be found here:

Carer support https://www.havering.gov.uk/info/20015/adult_social_care/584/carer_support
Havering Carers' Hub http://www.haveringcarershub.org.uk/

The designated contact for any queries regarding this guidance is the Principal Social Worker.

Appendix 1: Risk Assessment Tool

Details of the Adult at Risk

Name of Adult					
DoB/ Age:		**Gender:**		**LLAS/RiO no:**	
Address:					
Does the adult have any specific communication needs? (i.e. easy-read / Braille / interpreter / signing) Please list all that apply				Yes / No	
If yes what adjustments have been made to include them in the assessment					
Does the adult have Mental Capacity to make decisions about keeping themselves safe?				Yes ☐ No ☐	
On what decision has this been assessed?					
Time and date capacity assessed? (DD/MM/YY)				Click here to enter a date.	
What outcomes is the adult looking for?					

Details of any other person at risk

Are any children or other adults at risk:	Yes ☐ No ☐
The relevant Safeguarding Children / Safeguarding Adults concerns must be raised. Has this been done?	Yes ☐ No ☐
	Date time

CONTEXT OF current situation

Chronology of Relevant Events (Please continue on extra sheet if necessary)

Note what is alleged to have happened, where, when, how, who and why, with specific dates, place and time where possible. Include as much detail as you can.

RISK ASSESSMENT

RISK AREA	LIKELIHOOD	CONTROL MEASURES	WHO WILL THIS AFFECT	RISK LEVEL
What type of hazard / harm has been identified	Look at history, current circumstances etc. • **Unlikely:** Extremely rare risks, with almost no probability of occurring. • **Seldom:** Risks that are relatively uncommon but have a small chance of manifesting. • **Occasional:** Risks that are more typical, with about a 50/50 chance of taking place. • **Likely:** Risks that are highly likely to occur. • **Definite:** Risks that are almost certain to manifest. Address these risks first .	Protective factors or factors that increase risk occurring)	Individual / others / community / property etc.	(None / Low / Medium / High) Please rate and state consequence's where applicable **None:** Risks that bring no real negative consequences, or pose no significant threat to the individual or others. **Low:** Risks that have a small potential for negative consequences **Medium:** Risks that could potentially bring negative consequences, posing a moderate threat to the individual or others. **High:** Risks with substantial negative consequences that will seriously impact on the individual or others

RISK AREA	LIKLELIHOOD	CONTROL MEASURES	WHO WILL THIS AFFECT	RISK LEVEL

RISK SUMMARY

Overall assessment: (Please record the overall assessment of risks identified, including the risk to others)	
Views of the Adult: (What do they see as the risks, what is that they want to happen and have agreed to).	
Views of others:	
Options considered (What options have been explored)	
Assessors analysis of the risk :	
Action plan: (Make sure to include who is responsible for each task, and deadlines)	
Review date: Click here to enter a date.	**Officer responsible for review:**

SIGNATORIES

Name of Person Completing Assessment:	
Job Title:	
Signature & Date:	
Name of Manager:	
Signature & Date:	
Name of service user / family member / IMCA:	
Signature & Date:	

Now scan the attached to LLAS

Appendix 2: ASB Community MARAC Referral Form

Name (include any aliases)	
Address	
Tenure / Landlord (if known)	
Date Of Birth	
Gender	
Ethnicity	
Is it perceived to be a Hate Crime?	
Do they have a Disability (Defined by the Disability Discrimination Act (DDA) *"a disabled person is someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.')*	
Is adult at risk safe to contact? (Y/N) If Yes please include safe contact details (eg mobile/ email & any specific hours safe to contact)	
Person causing harm details (if applicable)	
Name(s) (include any aliases)	
Address	
Tenure / Landlord (if known)	
Date(s) Of Birth	
Gender	
Relationship to adult at risk	

Children (under 18s only)				
Adult at risk Pregnant – Yes / No?				
Names of Children (under 18)	**Date of Birth**	**Person causing harm child (Y/N)**	**Address - if diff. to V/S's**	**School If known**

BASIS OF REFERRAL
Include the date of the recent disclosure or incident that led to the referral to the MARAC; What support has been offered and/or taken up by the victim **(PLEASE INCLUDE A DESIRED OUTCOME)**

Adult at risk aware of MARAC Referral? (Yes/No) If No, please state why:	
Referrer's Name & Agency	
Telephone / Email	
Date referred to Panel	

Appendix 3 – 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 safecontact 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 Dask 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

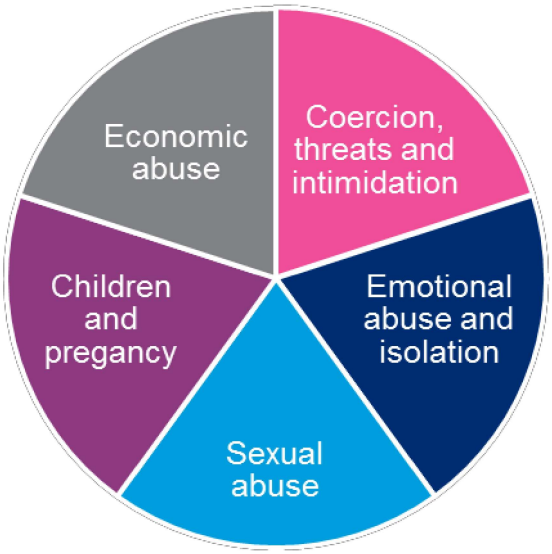
Be sure that you have an awareness of the safety planning measures you can offer, both within your own agency and other agencies. Be familiar with local and national resources to refer the victim to, including specialist services. The following websites and contact details may be useful to you:

- **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** (visit the Rape Crisis website) for details on SARCs and to locate your nearest centre.
- **Galop** (National LGBT+ Domestic Abuse Helpline: 0800 999 5428 / visit the Galop website 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://safelives.org.uk/practice-support/resources-frontline-domestic-abuse-workers-and-idvas

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/sites/default/files/resources/Representatives%20toolkit_0_1.pdf. This essential document troubleshoots practical issues around the whole Marac process.

Other **frontline Practitioner Toolkits** are also available from http://safelives.org.uk/practice-support/resources-marac-meetings/resources-people-referring. 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
Ambulance
Service BAMER
Services
Children and Young People's Services
Drug and Alcohol
Education
Fire and Rescue
Services Family
Intervention Projects
Health Visitors, School Nurses &
Community Midwives
Housing
Independent Domestic Violence Advisors

LGBT Services
Marac Chair
Marac Coordinator
Mental Health Services for Adults
Police Officer
Probation
Social Care Services for Adults
Sexual Violence Services
Specialist Domestic Violence Services
Victim Support
Women's Safety Officer

For additional information and materials on Multi-agency risk assessment conferences (Maracs), please visit the Resources for Marac meetings section on SafeLives website. In particular, 10 Principle of an effective Marac 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 Marac[1] 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 the 'Resources for identifying the risk victims face' section on the SafeLives website. Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

Recommended referral criteria to Marac

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to Marac. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. ***This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.*** This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.

2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the Marac referral criteria.

3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at Marac. It is common practice to start with 3 or more police callouts in a 12 month period but **this will need to be reviewed** depending on your local volume and your level of police reporting.

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

What this form is not

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

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 agencies [2] for identification of risks when domestic abuse, 'honour'- based violence and/or stalking are disclosed

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.				
Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer. **It is assumed that your main source of information is the victim. If this is not the case, please indicate in the right hand column**	**YES**	**NO**	**DON' T KNOW**	**State source of info if not the victim** (eg police officer)
1. Has the current incident resulted in injury? Please state what and whether this is the first injury.	☐	☐	☐	
2. Are you very frightened? **Comment:**	☐	☐	☐	
3. What are you afraid of? Is it further injury or violence? Please give an indication of what you think [name of abuser(s)] might do and to whom, including children. **Comment:**	☐	☐	☐	
4. Do you feel isolated from family/friends? Ie, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? **Comment:**	☐	☐	☐	
5. Are you feeling depressed or having suicidal thoughts?	☐	☐	☐	
6. Have you separated or tried to separate from [name of abuser(s)] within the past year?	☐	☐	☐	
7. Is there conflict over child contact?	☐	☐	☐	
8. Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you? Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.	☐	☐	☐	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	☐	☐	☐	
10. Is the abuse happening more often?	☐	☐	☐	
11. Is the abuse getting worse?	☐	☐	☐	

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

12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous? For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour.				
13. Has [name of abuser(s)] ever used weapons or objects to hurt you?	☐	☐	☐	
14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: You ☐ Children ☐ Other (please specify) ☐	☐	☐	☐	

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**	**State source of info**
15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?	☐	☐	☐	
16. Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? If someone else, specify who.	☐	☐	☐	
17. Is there any other person who has threatened you or who you are afraid of? If yes, please specify whom and why. Consider extended family if HBV.	☐	☐	☐	
18. Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including the children, siblings or elderly relatives: Children ☐ Another family member ☐ Someone from a previous relationship ☐ Other (please specify) ☐	☐	☐	☐	
19. Has [name of abuser(s)] ever mistreated an animal or the family pet?	☐	☐	☐	
20. Are there any financial issues? For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?	☐	☐	☐	
21. Has [name of abuser(s)] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? If yes, please specify which and give relevant details if known. Drugs ☐ Alcohol ☐ Mental health ☐				
22. Has [name of abuser(s)] ever threatened or attempted suicide?				

23. Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? You may wish to consider this in relation to an ex-partner of the perpetrator if relevant. Bail conditions ☐ Non Molestation/Occupation Order ☐ Child contact arrangements ☐ Forced Marriage Protection Order ☐ Other ☐				
24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history? If yes, please specify: Domestic abuse ☐ Sexual violence ☐ Other violence ☐ Other ☐	☐	☐	☐	
Total 'yes' responses				

For consideration by professional

Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, 'honour'-based systems, geographic isolation and minimisation. **Are they willing to engage with your service? Describe.**	
Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.	
What are the victim's greatest priorities to address their safety?	

Do you believe that there are reasonable grounds for referring this case to MARAC?		**Yes** ☐ **No** ☐	
If yes, have you made a referral?		**Yes** ☐ **No** ☐	
Signed		**Date**	
Do you believe that there are risks facing the children in the family?		**Yes** ☐ **No** ☐	
If yes, please confirm if you have made a referral to safeguard the children?	**Yes** ☐ **No** ☐	**Date referral made**	

Signed		Date	
Name			

Practitioners 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.

Once completed, this form should be sent via secure means to the relevant Marac. Please do not send it to SafeLives; to do so would be a breach of the Data Protection Act