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Adult Social Care

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SAFEGUARDING ADULTS & DOMESTIC ABUSE

GUIDANCE

Applicable to:	All staff in Adult Social Care Delivery sub cluster
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1 Purpose, context and objective

This guidance is to help adult social care delivery staff to understand how we will undertake safeguarding adult's work where it relates to domestic abuse.

Domestic abuse and violence affects both children and adults sometimes in a devastating way. The physical and emotional harm can affect an adult's ability to care for others and themselves. They may suffer with poor mental health such as depression or post-traumatic stress disorder. They can become isolated from family and friends and may turn to substance misuse, to cope with their circumstances. Children can be prevented from achieving their full potential and suffer with long-term emotional and social difficulties. For some, primarily women and their children, domestic abuse will result in serious injury or death.

Anyone can be a victim of domestic violence. It is not limited to a particular gender, ethnicity, age, class or sexual orientation. Perpetrators can be of either gender and domestic violence can occur in same sex relationships, between family members as well as current or previous partners.

In domestic abuse cases, all adult social care staff need to recognise those occasions when safeguarding adult procedures are required, and when they are not. This is particularly important when an adult has care and support needs and is being harmed or abused by an ex/intimate partner/family member.

More than 50 per cent of disabled women in the UK may have experienced domestic abuse in their lives, a rate which is twice that of non-disabled women (Magown 2004). Abuse also tends to be more serious and to last for longer periods of time (Young et al, 1997).

It is not yet clear whether men in vulnerable circumstances/in need of care and support are more likely to be abused than men in the general population. Practitioners therefore need to be vigilant in all their work with potential male victims.

It should never be assumed that someone else is addressing the domestic violence and abuse issues.

The objectives of this guidance are:

- To ensure that every citizen experiencing domestic abuse within Lambeth receives a timely and appropriate response to their individual circumstance.
- That social care staff recognize when it is appropriate to follow Safeguarding Adults procedures and that when it is not, to support the individual to engage with universal services.
- To increase the use of the SafeLives-DASH (Safe Lives – Domestic Abuse, Stalking and Harassment and Honour Based Violence) Risk Indicator Checklist in order to support practitioners to identify levels of risk faced by the service user and identify those at the most highest level of risk
- That all interventions aim to minimise risk of future harm and that all interventions undertaken are supportive of the individual's strengths.

- To supplement the Care Act practice guidance and set expectations for how the act translates into local practice for cases involving domestic abuse against adults at risk.

NOTE: The use of ‘victim’ and ‘perpetrator’ have been used interchangeably throughout this document because there is a cross-over between those adults who fall under domestic violence procedures only and then those that fall under adult safeguarding procedures. , The terms ‘service user’ or, simply, ‘adult’ or ‘person’, and ‘person thought to have caused harm’ or ‘source of risk’ are sometimes used.

2 Scope

The guidelines have been developed for use for the day-to-day work of adult social work and social care teams in Lambeth.

3 At the referral stage

3.1 Actions to take at the referral stage

- 1) Establish that the adult is in a safe place and has time to talk i.e. the perpetrator is not present
- 2) Ensure that the adult is safe, as are any children that may be involved. You can do this by either speaking with the adult directly or asking the initial referrer to confirm this is the case.
- 3) If there is immediate risk, ask the adult to call 999 or ask a colleague to call 999 while the adult remains on the phone.
- 4) If there is no immediate risk, ask for a “safe” phone number or time to contact the adult.
- 5) Assess whether the adult is an Adult at Risk as defined by The Care Act 2014: A person who is aged 18 or over who:
 - a. has needs for care and support (whether or not the authority is meeting any of those needs)
 - b. is experiencing, or is at risk of, abuse or neglect, and
 - c. as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it
- 6) If they are an Adult at Risk
 - a. raise a safeguarding concern (as appropriate to your role/team) on Mosaic
- 7) If the adult is not an Adult at Risk you should
 - a. Advise them that if a criminal offence has occurred, they have a right to report this to the Police. You can offer to support them to do this or with their consent, do this on their behalf
 - b. Provide information about appropriate domestic abuse/violence services and/or with their consent, make a referral on their behalf

3.2 Considerations at the referral stage

- Be mindful of the risks of contacting the adult at a time or place when the perpetrator thought to have caused harm will be there.
- Ensure you have privacy when speaking with the adult.
- Never ask in front of child/ren
- The perpetrator causing harm should not be informed of the domestic violence disclosure
- Consult with your line manager prior to visiting, to agree an approach - be aware of your own safety needs

4 The role of the police

It is important to note the difference between involving Police when the adult is an 'adult at risk' versus someone who does not meet this threshold. A person who is not considered an 'adult at risk' must provide practitioners with their consent to involve Police unless they are at immediate or considerable risk or there are children involved.

4.1 Considerations around consent to report to Police

Where a person does not consent to the matter being reported to the police, the matter might still be reported to them.

Issues to take in to account when deciding this include:

- *Whether the matter is of public or vital interest*
- *Duties to support the prevention and detection of crime*
- *Where there is a statutory duty to report (for example – there are immediate risks to children)*
- *Where contact with the police is to consult with them in order to enable information sharing about risk*
- *Where the adult lacks mental capacity to give consent and it's in their best interest to involve Police*
- *Where contact with the police is being considered though the person has not consented, consider seeking advice.*

For 'adults at risk' the following is relevant:

- Wherever possible, encourage the adult to report the matter to the Police themselves.
- Where the adult does not wish to report to the Police themselves, **gain consent** to make a 3rd party report.
- **Where consent is not provided** – consider above mentioned issues when deciding if you have grounds to over-ride consent and make a 3rd party report to Police
- If you do decide to report to Police, you will need to explain to the adult, your reasons for doing so e.g. risks to others and your public interest duties.

Third party reporting:

Do you need Police to conduct a visit to the adult?

- If there is an emergency/immediate risk to the adult – always call **999**.
- If you need Police involvement but it is not required immediately, you can dial 101. (Note: In some Lambeth buildings you will need to ring 101 from a mobile phone) . **Be aware that dialling 101 is likely to result in Police visiting the adult fairly soon after reporting.**
- Make sure that the adult is aware that the Police may visit so that they can consider risks
- Reporting to the Police can sometimes increase the risk to the adult and therefore before reporting to Police, you **must consider the risk management plan** i.e. if the person needs to go to a place of safety – this should be happen either prior or in conjunction with the Police visit
- Explain to the Police that you are making a third party report as the adult did not want to report themselves or have the matter taken forward. Third party reporting information is very important as it allows the Police to gather intelligence about what may be happening in the home and aids risk assessment and management, as well as build a picture of evidence for future action against the perpetrator.

4.2 Obtaining information and consulting with Police on how best to respond

VICTIM FOCUS HUB (Police team that lead on DV and work with vulnerable adults):

- This team work closely in partnership with the local authority and specialist services, including the Gaia centre, addressing adult’s needs.
- The team manages all the monthly Police checks concerning high risk referrals (for MARAC) along with identifying suitable referrals from crime reports.
- The team progress Carer Abuse investigations, risk assess reported non-crime matters and identify opportunities to make applications for the Domestic Violence Disclosure Scheme.

HOW DO I CONTACT: 020 8649 2169 or 07825 921 545

Other teams that you may wish to consult with:

1) MULTI-AGENCY SAFEGUARDING HUB (MASH):

The primary function of the Adult MASH, is to share information to build a better understanding of risks, identify wider risk and safeguarding concerns and inform safeguarding adult Safeguarding plans.

The MASH work closely with the Police Public Protection Desk.

Requests for information must be specific and relate to the adult with care and support needs who is experiencing domestic violence or to the person who is the source of risk.

Information is shared within specific boundaries, to conform to our multi-agency information sharing agreement and with regard to the Haringey Judgement, to ensure that the request is proportionate, appropriate and in the public interest to share information if prior consent has not been sought.

HOW DO I CONTACT: (for professional only)

Tel: 0207 926 4556

Email: Adultmash@lambeth.gov.uk

2) OPERATION DAUNTLESS:

- Lambeth's proactive domestic abuse offender management team.
- A team of police officers specialising in undertaking arrest enquiries for outstanding offenders and developing intelligence to trace outstanding offenders.
- Detective Constables are additionally tasked with managing the Dauntless+ offenders (domestic abuse offenders who have committed minimum of three offences against three different adults across three different boroughs) by means of developing intelligence, alternative offending tactics and partnership working.
- Responsible for identifying Domestic Violence Protection Order opportunities and making applications to the court.

HOW DO I CONTACT: 020 8649 2169 or 07825 921 545

4.3 Police led investigations

- If the adult has agreed to report the matter to the Police, then Police will be leading that part of the safeguarding enquiry.
- Your role will initially be to ensure there are immediate protection measures in place to support the adult. An urgent assessment/review and support plan may be required.
- Your role will include ensuring that the adult's care needs are being met. This is particularly relevant where the perpetrator was their carer and has been removed from the property.
- It is recommended that you inform Police, at the earliest stage, if it is necessary to have a social worker provide support and assistance during the process.

In complex domestic circumstances, it may take the adult some time to gain confidence and self-esteem to protect themselves and take action. Their wishes may even change. Practitioners need to work alongside adults in a non-judgemental way.

5 Social Services led enquiries

- Usually occurs when the Adult at Risk does not support Police action and there are no justifiable reasons to make a 3rd party report to Police to initiate their involvement
- It also occurs when the Police determine they are not going to take any further action however there are still safeguarding concerns and practitioners must take steps to ensure the adult is protected.

NB: Unlike the Police, it is important to remember that for adult safeguarding enquires, the presence of abuse or neglect occurring/ occurred, can be determined, on the balance of probabilities.

5.1 Where the facts are readily established

In some incidences, such as when an assault is witnessed and there appears no reason to doubt the validity of the account, the safeguarding adults enquiry phase of the work may be completed quickly, and there will be a move on to developing a safeguarding plan.

5.2 Considerations during the safeguarding enquiry involving domestic violence

- The process can **take longer than other enquiries particularly if there is police action and/or the adult's wishes keep changing (which is common)**
- Involve the adult (or the representative) in the enquiry process
- Share the enquiry report with the adult and make sure that even where the adult at risk has refused to participate, that they are made aware of what safeguarding actions are underway
- Invite the adult to Safeguarding Meetings and ensure that you feedback the outcomes
- Consider if and how you will involve the perpetrator. Often this is someone who will continue to remain in the adult's life (as per the adult's choice) and therefore working alongside the perpetrator will be an essential part of the process.
- Working with the perpetrator **can be difficult but should not be avoided because of the challenge of this**. Consider what other agencies could be accessed to provide support for the perpetrator, particularly if they appear to have needs in their own right.

6 Assessing the risks of domestic abuse and subsequent protection planning

Practitioners need to understand how to establish the level of risk posed to an adult, child or family from the information they have gathered. Ways to do this include:

6.1 Always use professional interpreters

Practitioners need to be aware to always use professional interpreters not family members/friends or children. This is important to ensure accurate information is obtained. You are not likely to get the truth if using a family member to interpret either because a) the adult won't want to give certain information to that person and b) the family member may change what is being disclosed. Other family members may themselves be involved or affected by the domestic abuse which would therefore hinder disclosure and potentially increase the risk. Practitioners can therefore compromise their investigation and the safety of the adult, if they use family members or members of the community to interpret in these scenarios.

There are some cultures where behaviour we would consider domestic abuse, is considered normal. Keep your personal opinions private.

6.2 Complete the Risk Assessment Tool: SAFE LIVES-DASH Risk assessment

- Do this with the adult if possible. This is a vital tool that will highlight the level of risk they are facing.
- If the adult does not wish to complete the SAFELIVES-DASH risk assessment, please complete it and answer the questions to the best of your knowledge. If the threshold scoring of 15 "yes" ticks is met, refer to the Multi-Agency Risk Assessment Conference (MARAC).
- Discuss and seek consent from the adult to make the referral
- In some circumstances however it may increase the risk of the adult experiencing further harm if consent is requested. In this case you may refer to the MARAC without gaining consent from the adult.
- Consent to share information will not be sought from the alleged perpetrator in order to protect the safety of others. The perpetrator will not be informed about the MARAC and the resulting risk management plan. Professionals should take extraordinary care not to let the perpetrator know about any elements of the safety plan inadvertently.
- Even if the MARAC threshold scoring is not reached, you can still refer under "professional judgement", using your professional experience and/or the adult's perception of risk. This reflects the tendency of adults to minimise the abuse suffered when reporting due to extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.
- **MARAC is an information sharing conference and is held on a monthly basis. Any Protection planning must be continued alongside the MARAC referral and must not wait for the MARAC.**

- MARAC brings all agencies such as the Police, Housing, Adult and Children’s Services, Health and Mental Health, together to formulate a risk management plan for the individual (where there are serious and ongoing concerns of domestic violence).
- Lambeth Adult Social Care are represented at the MARAC by a named manager. Please consult with them if more information or advice is needed.
- **You can also contact the MARAC Coordinator on: lambethmarac@lambeth.gov.uk.**

6.3 Enabling disclosure of domestic violence and abuse

- Research shows that female adults of domestic violence are far more likely to disclose domestic violence to a professional if they are directly asked.
- **Ask direct questions** such as:
 - *Do you ever feel scared of your partner/family member?*
 - *Has he/she ever threatened you?*
 - *Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care?*
 - *Has anyone prevented you from being with people you want to be with?*
 - *Has anyone tried to force you to sign papers against your will?*
 - *Has anyone taken money from you?*
 - *Have you been upset because someone talked to you in a way that made you feel ashamed or threatened?*
- If the adult does not disclose the abuse but you suspect otherwise, accept what is being said but offer other avenues for them to talk by giving information (e.g. ‘for a friend’) on domestic abuse services.
- Consider ‘hidden’ vulnerabilities e.g. if the adult says there is no abuse but there is evidence to suggest otherwise.
- Consider whether the alleged perpetrator is also an Adult at Risk or potentially has community care needs. They may require an assessment of need, especially if substance misuse or mental health issues are suspected. (Be careful however not to let this deter you from the protection planning measures that would still be required as part of the safeguarding for the adult).
- Make use of the reflective practice tool within supervision to assist you where you don’t feel confident in how you are managing a potential domestic abuse case.
- If in doubt, speak to your manager.

7 Protection planning

- Establish what outcome the adult wants and work with their strengths
- If there are immediate risks and the adult is considered an adult at risk, consider what immediate actions need to be taken (with or without their consent) to ensure protective measures are put into place
- Request their consent to refer to domestic abuse services and the Multi-agency Risk Assessment Conference (MARAC) where necessary – see 6.2.
- If consent obtained refer/involve domestic abuse services such as the Gaia centre. These specialist workers can help you or your service user increase the adult’s safety.

- Have an understanding of the [legal options](#) that may be available in the individual case.
- If the adult does not want any support but you believe they may be at risk, Positive intervention is taking action to reduce the risk. This may be done with or without the consent of the adult, particularly where the risk of harm is regarded as high.
- Every effort should be made to engage the adult in this process, where it is safe and appropriate to do so.
- Each report of domestic violence involving a adult/Adult at Risk must be responded to under safeguarding procedures.
- The SAFELIVES-DASH RIC must be completed.
- If at all possible, a practitioner should meet with the adult to talk about the risks to them and the options available.
- **Practitioners should consider whether any apparent unwise decision may actually be as a result of coercion or controlling behaviour. Is this a possible case for the Court's inherent jurisdiction?**
- If you believe it maybe, discuss with your manager with a view to getting Legal advice (see s.9).

8 Working with someone who is resistant to change

We may find ourselves working with a person who does not acknowledge or see the risks they face in the same way we do, or who is unable to make changes. In these instances, it is important that those working with them understand why this may be and how they may best intervene.

It can be useful in these circumstances for practitioners to apply a model such as [Procehska and Di Clemente's model of change](#), which can help understand the dynamics of the situation from the person's point of view and help inform the practitioner to identify the most effective way of working with the person.

9 Using legal remedies and other resources

'Domestic violence' is not a specific offence under criminal law, however crimes occur within domestic violence situations. e.g. assault, rape, false imprisonment.

Practitioners should be aware of the legal remedies available in terms of injunctions, either through civil or criminal law. There is also a specific [Domestic Violence Protection Order \(DVPO\)](#). A DVPO is an emergency non-molestation and eviction notice which can be issued by the police, when attending to a domestic abuse incident, to a perpetrator. Because the DVPO is a police-issued notice, it is effective from the time of issue for 28 days, thereby giving the adult the immediate support they require in such a situation. To obtain this, the court will require a witness statement.

Domestic abuse/violence services can offer both guidance to practitioners in this area and direct support to the service user with regards to the legal options available.

[ADASS Adult safeguarding and domestic abuse guide](#) is helpful in explaining some of the legal options available and what’s recommended within certain circumstances

9.1 Domestic Violence Services

In Lambeth, the Gaia centre is the core service for supporting adults of domestic violence in the borough.

Organisation:	Gaia Centre
Telephone number:	0207 733 8724
Email address:	lambethvawg@refuge.org.uk
Web address:	http://refuge.org.uk/what-we-do/our-services/gaia-centre-lambeth/
Opening hours:	0800-1800 (with additional out-of-hours on-call service provided via same contact number)
Referral criteria:	Females over the age of 13 and males over the age of 16 who live in Lambeth, who are currently experiencing, or who have experienced gender based violence (domestic abuse, forced marriage, honour based violence, Female Genital Mutilation, prostitution, trafficking, stalking and sexual violence).
Project description:	<p>The Gaia Centre provides one-to-one confidential and bespoke support services for females aged 13+ and males aged 16+ who live in Lambeth and who have experienced or who may be at risk of gender based violence, including: domestic, sexual, financial and emotional abuse, stalking, prostitution, female genital mutilation, forced marriage, ‘honour’-based violence and trafficking. The new services include:</p> <ul style="list-style-type: none"> • Independent Gender Violence Advocacy for those at high risk of homicide/ serious harm • Community Outreach Workers • Peer support scheme • Volunteer opportunities • Early intervention scheme to reach out to and support 13-16 year-old girls • Group support sessions • Sanctuary scheme (to support survivors to stay safe at home and avoid homelessness) <p>The service is free and staffed by female members of staff only. Children are welcome.</p>

10. Gaining access to an adult suspected to be at risk of abuse

At some point during the making of enquiries by the local authority, legal powers may be required to gain access to the person known or suspected to be experiencing, or at risk of, abuse or neglect.

The following legal powers may be relevant, depending on the circumstances:

- If the person has been assessed as lacking mental capacity in relation to a matter relating to their welfare: *the Court of Protection has the power to make an order under Section 16(2) of the MCA relating to a person's welfare*, which makes the decision on that person's behalf to allow access to an adult lacking capacity. The Court can also appoint a deputy to make welfare decisions for that person.
- *If an adult with mental capacity, at risk of abuse or neglect, is impeded from exercising that capacity freely: the inherent jurisdiction of the High Court enables the Court to make an order* (which could relate to gaining access to an adult) or any remedy which the Court considers appropriate (for example, to facilitate the taking of a decision by an adult with mental capacity free from undue influence, duress or coercion) in any circumstances not governed by specific legislation or rules.
- If there is concern about a mentally disordered person: *Section 115 of the MHA provides the power for an approved mental health professional* (approved by a local authority under the MHA) *to enter and inspect any premises* (other than a hospital) in which a person with a mental disorder is living, on production of proper authenticated identification, if the professional has reasonable cause to believe that the person is not receiving proper care.
- If a person is believed to have a mental disorder, and there is suspected neglect or abuse: *Section 135(1) of the MHA, a magistrates court has the power, on application from an approved mental health professional, to allow the police to enter premises using force if necessary* and if thought fit, to remove a person to a place of safety if there is reasonable cause to suspect that they are suffering from a mental disorder and (a) have been, or are being, ill-treated, neglected or not kept under proper control, or (b) are living alone and unable to care for themselves.
- Power of the police to enter and arrest a person for an indictable offence: *Section 17(1) (b) of the Police and Criminal Evidence Act (PACE) 1984.*
- If there is risk to life and limb: Section 17(1) (e) of PACE gives the police the power to enter premises without a warrant in order to save life and limb or prevent serious damage to property. This represents an emergency situation and it is for the police to exercise the power).
- *Common law power of the police to prevent, and deal with, a breach of the peace.* Although breach of the peace is not an indictable offence the police have a common law power to enter and arrest a person to prevent a breach of the peace.

More detail as to the application and limitation of these legal powers follows in the [SCIE document on this](#).

11. Defensible decision making

As practitioners you will be expected to be able to defend any decisions you make. You can do this by ensuring

- you record all decisions in a legible manner, clearly specifying your rationale.
- You need to ensure that any information you share, is done so appropriately on a 'need to know basis'.
- Ensure you have taken all reasonable steps to avoid harm and that you have used reliable assessment methods
- Ensure you have collected and thoroughly evaluated information
- Recorded decisions are carried out
- Policies and procedures have been followed
- You adopt an investigative approach and are proactive
- You follow the Information Sharing expectations

12. Making the links with Children's Safeguarding

Professionals have a duty to refer to Children's Services, when domestic abuse concerns are being addressed, and children are involved or present. This is even if the adult chooses not to accept help for themselves. Exposure to domestic abuse is always abusive to children although the impact may vary.

To make a referral to Children's services, you can:

- Telephone the Lambeth Integrated Referral Hub (IRH) to discuss your concerns on: 020 7926 3100
- Send an email referral to: helpandprotection@lambeth.gov.uk
secure emails can be sent to: helpandprotection@lambeth.cjsm.net
- If you have information about the family/details of the children, you will be expected to complete a [Multi-agency referral form \(MARF\)](#) to provide this background information
- Access to forms and further information is available at:
<https://www.lambeth.gov.uk/social-support-and-health/abuse-and-violence/contact-social-services-if-you-are-worried-about-a>

12.1 Abuse by children:

If a child or children is causing harm to an adult who is an Adult at Risk, then this should be dealt with under the Safeguarding Adults processes but with involvement from the Local Authority Children's services.

13. Mental capacity: considerations within domestic abuse

Assessing capacity in domestic abuse situations can be particularly challenging. Recent case law has clarified that there is scope for councils to commence proceedings in the High Court to safeguard people who do not lack capacity but whose ability to make decisions has been compromised because of constraints in their circumstances, [coercion or undue influence](#).

How do I ensure I am doing this?

- When carrying out mental capacity assessments within domestic abuse scenarios, you will need to be able to judge whether decisions made should be described as ‘unwise decisions’ which they have the capacity to make, or decisions not made freely, due to coercion and control, and therefore part of the abuse.
- Seek advice and support from your line manager in such decisions.
- Be aware that you can approach Legal for further advice.

14. Roles and responsibilities

Staff are responsible for ensuring that they are regularly updating their knowledge and maintaining good working practice in this area so that they feel fully equipped with the best tools to work with domestic abuse adults/survivors.

Violence against women and girls classroom training is available through Lambeth Council and Adult Social Care are able to attend these courses. These can be accessed via Lambeth’s Violence against Women and Girls (VAWG) Training Programme. Details of this are available on the [Safeguarding Website](#).

Online learning resources for Domestic Violence are available via Me-Learning:
<https://lambeth.melearning.university/user/login>

15. Definitions and abbreviations

- Multi-agency Risk Assessment Conference (MARAC)
- Safe Lives DASH — domestic abuse, stalking and honour based violence.
- Inherent Jurisdiction - High Court use to extend protection to vulnerable adults who possess capacity but still require protection for certain reasons.

16. References and associated documents

- [SafeLives DASH risk checklist](#)
- Lambeth MARAC Referral Form which includes the Safelives Dash Risk assessment – see [Appendix B](#)
- [ADASS: Adult safeguarding and domestic abuse: A guide to support practitioners and managers](#)
- [Gaining access to an adult suspected to be at risk of abuse/neglect](#): A guide for social workers and their Managers in England.
- Community Care Inform: [Domestic Abuse knowledge and Practice Hub](#)

17. Appendices

17.1 Appendix A: Reflective practice tool

Notes on the Reflective Practice Tool

Introduction

Adult social care in Lambeth is committed to supporting our workforce so that they can provide a high-quality service to our citizens. Supervision has a central role to play in that. Good supervision uses a range of approaches including reflecting on practice. This tool is intended to support supervisors and supervisees with that element of supervision.

Purpose

The purpose of the tool is to provide an opportunity for learning through critical reflection on practice and the beliefs and values it reflects. Critical reflection is not the same as criticism.

How to use the reflective practice tool

Choose a piece of work to reflect on. It can often be more useful to think about a specific incident or event, rather than the totality of the case. The incident or event can be a simple, every day situation which made you think about what you did and why. Such as:

- Something you were doing for the first time.
- An occasion where you felt that your intervention really made a difference.
- Something that went unusually well.
- An incident where things did not go as planned.
- An incident that you think captures the essence of anti-racist and anti-discriminatory social work practice.
- An incident that was particularly demanding.
- An incident that made you question your own practice.

Supervisees should

- Select in advance of supervision the piece of work that will be reflected on
- Be prepared to engage with the critical reflection process to enable the learning that will come from it

Supervisors should:

- Provide adequate support, time, resources, opportunities and tools for reflection
- Bear in mind the potentially stressful and ethically challenging nature of reflection
- It is important that the supervisee is given plenty of time and is well-supported when they engage in reflection.
- Don't skip out any of the questions if they seem repetitive. They offer an opportunity to identify points of difference or contradictions which can be explored further

Reflective Practice Tool

Description of the piece of work being considered:	Your comments:
<p><i>Give a brief outline of the piece of work.</i></p> <p><i>What was my experience of the case?</i></p>	

Reflection:	Your comments:
<p><i>What was I trying to achieve? Why did I intervene as I did? Did it achieve the results that were hoped for?</i></p> <p><i>What were the consequences of my actions for:</i></p> <ul style="list-style-type: none"> <i>- myself?</i> <i>- the service user/family?</i> <i>- other people involved in the situation?</i> <p><i>How did I feel about this experience when it was happening? Did other people/professionals react in the same way?</i></p> <p><i>What did I feel good about? What didn't feel good?</i></p> <p><i>How do I think the service user felt about it? How do I know this? Could I have been mistaken?</i></p>	

Influencing factors:	Your comments:
<p><i>What internal factors influenced my decision-making?</i></p> <p><i>What external factors influenced my decision-making?</i></p> <p><i>What values do I have (personally/culturally) that my have influenced my perceptions in this case?</i></p> <p><i>What sources of knowledge could have influenced my decision-making?</i></p>	

What could have been done differently with the situation?	Your comments:
<p><i>What other choices did I have? Is there anything I could have done, but didn't?</i></p> <p><i>If I had made alternative choices, what would the possible outcomes have been for:</i></p> <ul style="list-style-type: none"> - my client - others - myself 	

Learning:	Your comments:
<p><i>How do I now feel about this experience?</i></p> <p><i>How have I made sense of this experience in the light of past experiences?</i></p> <p><i>How has this experience changed the way I might deal with this type of situation or this type of work in the future?</i></p> <p><i>What factors might constrain my responding in new ways?</i></p>	

<i>What insights have I gained through this reflection?</i>	
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Reflective Practice Tool version 1.00 August 2014

17.2 Appendix B: Lambeth MARAC referral form

Lambeth MARAC Referral Form

Please submit to: MARAC Co-ordinator, Lambeth Council
Email: lambethmarac@lambeth.gcsx.gov.uk (from secure email only)
Tel: 020 7926 1674

****Before completing this form please refer to the Lambeth MARAC Admin Pack for guidance and ensure that all boxes are completed and all information is accurate for other MARAC partners to check if adults, perpetrators or children are known to their service/agency ****

Is this a REPEAT MARAC referral?		
Has the adult been referred to any other borough or Lambeth MARAC previously? If yes, which ones/dates		
ADULT NAME	Date of birth	
SAFE Contact Phone No/s		
Adult address		
GP details		
Does the adult have any disability?	What is the adult's immigration status? Does the adult have recourse to public funds?	
Adult gender Male/Female/Transgender	Heterosexual/ Lesbian/Gay/ Bisexual	
PERPETRATOR NAME	Date of birth	
Perpetrator gender Male/Female/Transgender	Heterosexual/ Lesbian/Gay/ Bisexual	
Perpetrator address		
CHILDREN(S) name and gender	Date of birth	Address (if different to address of adult)
Children's school(s)		
RISK Level	3+ Police crimes and/or 7+ non-crime domestic incidents in the last 12 months (escalation)	
For Professional Judgement referrals please see the SAFELIVES DASH risk indicator checklist for	Professional judgment assesses as high risk of harm (explain key risks below)	

guidance on risk factors that are of concern	Total number of risk factors identified on SAFELIVES DASH RIC (15+ for Lambeth MARAC referral)	
<p>REASONS for referral to MARAC:</p> <p>Most recent incident:</p> <p>Most serious incident:</p> <p>Summary of the history of DV:</p> <p>Key risks: (from SAFELIVES DASH RIC)</p> <p>What the adult wants from the MARAC partnership to address risks and increase safety:</p>	<p>Most recent incident:</p> <p>Most serious incident:</p> <p>Summary of the history of DV:</p> <p>Key risks: (from SAFELIVES DASH RIC)</p> <p>What the adult wants from the MARAC partnership to address risks and increase safety:</p>	
<p>Is the adult aware of MARAC referral?</p> <p>If 'yes', please confirm you have advised adult a Gaia IGVA/ISVA will make contact to offer support and advocacy as part of the MARAC process to engage with safety measures</p> <p>If 'no', please specify why</p>		<p>Has the adult provided consent?</p> <p>If 'yes', please provide a safe telephone contact number and advise a Gaia IGVA/ISVA will make contact:</p> <p>If 'no', please confirm that this has been recorded in the adult's case notes</p>

<p>Where there are children please confirm the DATE you made a referral to Children and Young Persons Referral and Assessment Team</p>	<p>Date referral made:</p>
<p>Where the MARAC adult has also been identified as an 'adult at risk'* please confirm the DATE you made the required Adult Safeguarding Referral to the relevant adult social care or mental health team, whether with their consent or not, and brief details</p> <p><small>* 'adult at risk' – over 18 with a disability or physical or mental health issue, and uses or might need health or community care services, and may be unable to</small></p>	<p>Date referral made:</p> <p>Has an adult safeguarding referral been made:</p> <p>- No, person is not an 'adult at risk' []</p> <p>- Yes, person is an 'adult at risk' and has given consent []</p> <p>- No, person is an 'adult at risk' but NOT given consent []</p> <p>- Yes, person is an 'adult at risk' but NOT given consent []</p>

<i>care or protect themselves against significant harm or exploitation</i>		Brief Details:	
(See MARAC Admin Pack for further guidance)			
Is an Independent Gender Violence (IGVA), or Domestic Violence (IDVA) or Sexual Violence (ISVA) Advocate allocated?			
If 'no', is it safe for an IGVA/IDVA/ISVA to be allocated to contact the adult?			
If 'yes' please provide a SAFE telephone contact number:			
Referring practitioner		Agency	
Telephone		Email	
Date of referral to MARAC			

Lambeth MARAC Ethnicity Status Monitoring			
Please complete the box below to indicate the ethnicity of the adult:			
White		Asian or Asian British	
White - British	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White - Irish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White - Portuguese	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
White - Other	<input type="checkbox"/>	Any Other Asian background	<input type="checkbox"/>
Please tell us:	<input type="text"/>	Please tell us:	<input type="text"/>
Mixed		Black or Black British	
White and Black Caribbean	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Any Other Black Background	<input type="checkbox"/>
Mixed - Other	<input type="checkbox"/>	Please tell us:	<input type="text"/>
Please tell us:	<input type="text"/>		
Chinese	<input type="checkbox"/>	Any other ethnic background	<input type="checkbox"/>
		Please tell us:	<input type="text"/>

SafeLives Dash risk checklist

Quick start guidance

You may be looking at this checklist because you are working in a professional capacity with a adult 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 adults 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 adult 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 adult has to talk to you: is it safe to talk now? What are safe contact details?
- Establish the whereabouts of the perpetrator and children
- Explain why you are asking these questions and how it relates to the Marac

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

- Identify early on who the adult is frightened of – ex-partner/partner/family member
- Use gender neutral terms such as partner/ex-partner. By creating a safe, accessible environment LGBT adults 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 adult

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 adult to, including specialist services. The following websites and contact details may be useful to you:

- **National Domestic Violence Helpline** (tel: 0808 2000 247) for assistance with refuge accommodation and advice.
- **'Honour' Helpline** (tel: 0800 5999247) for advice on forced marriage and 'honour' based violence.
- **Sexual Assault Referral Centres** (web: <http://www.rapecrisis.org.uk/Referralcentres2.php>) for details on SARCs and to locate your nearest centre.
- **Broken Rainbow** (tel: 08452 604460 / web: www.broken-rainbow.org.uk for advice for [LGBT adults](#)) for advice and support for LGBT adults 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 adult should call 999 for assistance from the police. If the adult 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 adult 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 adult 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 adult/adults in relation to what the perpetrator/s may do; who they are frightened of and who they are frightened for (e.g. children/siblings). Adults 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 adult 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 adult's home or workplace, loitering and destroying/vandalising property.
- Advise the adult 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 adult has tried to separate from the abuser or has been threatened about the consequences of leaving. Being pursued after separation can be particularly dangerous.
- Adults 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 adults 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 adults 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 adult in beginning to consider the risks the adult and any children may be facing.

- The adult may be being prevented from seeing family or friends, from creating any support networks or prevented from having access to any money.
- Adults 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 adults 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 adult's mental health and they might feel depressed or even suicidal.
- Equally the risk to the adult 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 adults 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 adult and children, including an unborn child.
- The perpetrator may use the children to have access to the adult, 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.

- Adults 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 adult 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 adult the options relating to their current financial situation and how they might be able to access funds in their own right.

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

Other Marac toolkits and resources

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

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

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

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

SafeLives Dash risk checklist

Aim of the form

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

How to use the form

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

Recommended referral criteria to MARAC

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. *This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.* This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.
2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the MARAC referral criteria.
3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse 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.

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

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

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

What this form is not:

This form will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children's situation.

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

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 adult. If this is <u>not the case</u> , please indicate in the right hand column	YES	NO	DON'T KNOW	State source of info if not the adult (eg 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. Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you separated or tried to separate from [name of abuser(s)] within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there conflict over child contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you? Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour.				
13. Has [name of abuser(s)] ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.	YES	NO	DON'T KNOW	State source of info
15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? If someone else, specify who.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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 <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"/>	<input type="checkbox"/>	
19. Has [name of abuser(s)] ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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 <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental health <input type="checkbox"/>				
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 <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"/>				
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 <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total 'yes' responses				

For consideration by professional

<p>Is there any other relevant information (from adult or professional) which may increase risk levels? Consider adult'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.</p>			
<p>Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.</p>			
<p>What are the adult's greatest priorities to address their safety?</p>			
<p>Do you believe that there are reasonable grounds for referring this case to Marac?</p>		<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	
<p>If yes, have you made a referral?</p>		<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	
Signed		Date	
<p>Do you believe that there are risks facing the children in the family?</p>		<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	
<p>If yes, please confirm if you have made a referral to safeguard the children?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	Date referral made	
Signed		Date	
Name			

Practitioner's notes	

This document reflects work undertaken by SafeLives in partnership with Laura Richards, Consultant Violence Adviser to ACPO. We would like to thank Advance, Blackburn with Darwen Women's Aid and Berkshire East Family Safety Unit and all the partners of the Blackpool Marac for their contribution in piloting the revised checklist without which we could not have amended the original SafeLives risk identification checklist. We are very grateful to Elizabeth Hall of CAFCASS and Neil Blacklock of Respect for their advice and encouragement and for the expert input we received from Jan Pickles, Dr Amanda Robinson and Jasvinder Sanghera.

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