

# **Domestic Abuse Team**

## **Operational Guidance**

**September 2018**

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## **Role of the Domestic Abuse Worker**

The Domestic Abuse Team offers free and confidential advice to adult medium and high risk domestic abuse victims who live in the Gateshead area (age 16+) and their children. The team consists of a number of SafeLives accredited IDVA's and specialist children's workers who are based within Gateshead Civic Centre. For those that live outside of the Borough, there are similar support services available in their geographical area.

The team predominantly work with clients who are referred by Northumbria Police however referrals can be accepted from any other source providing risk has been assessed as medium or high.

High risk individuals are also referred into the Multi Agency Risk Assessment Conference (MARAC) process. MARAC can enhance any safety measures already agreed between Domestic Abuse Worker and client as well as ensuring all partner agencies have a shared understanding of the risk.

The role of Domestic Abuse Worker is to identify risk factors, empower victims to make informed choices and promote strategies that manage risk. Length of involvement tends to be short to medium term given the high volume of referrals and crisis intervention nature of the work. In addition to their knowledge of domestic abuse the team have also developed expertise in associated issues such as; so-called 'honour' based violence, forced marriage; impact of domestic abuse on children; and working with marginalised groups.

There are a number of other services that the Domestic Abuse Worker will signpost victims to once it is determined that risk has reduced.

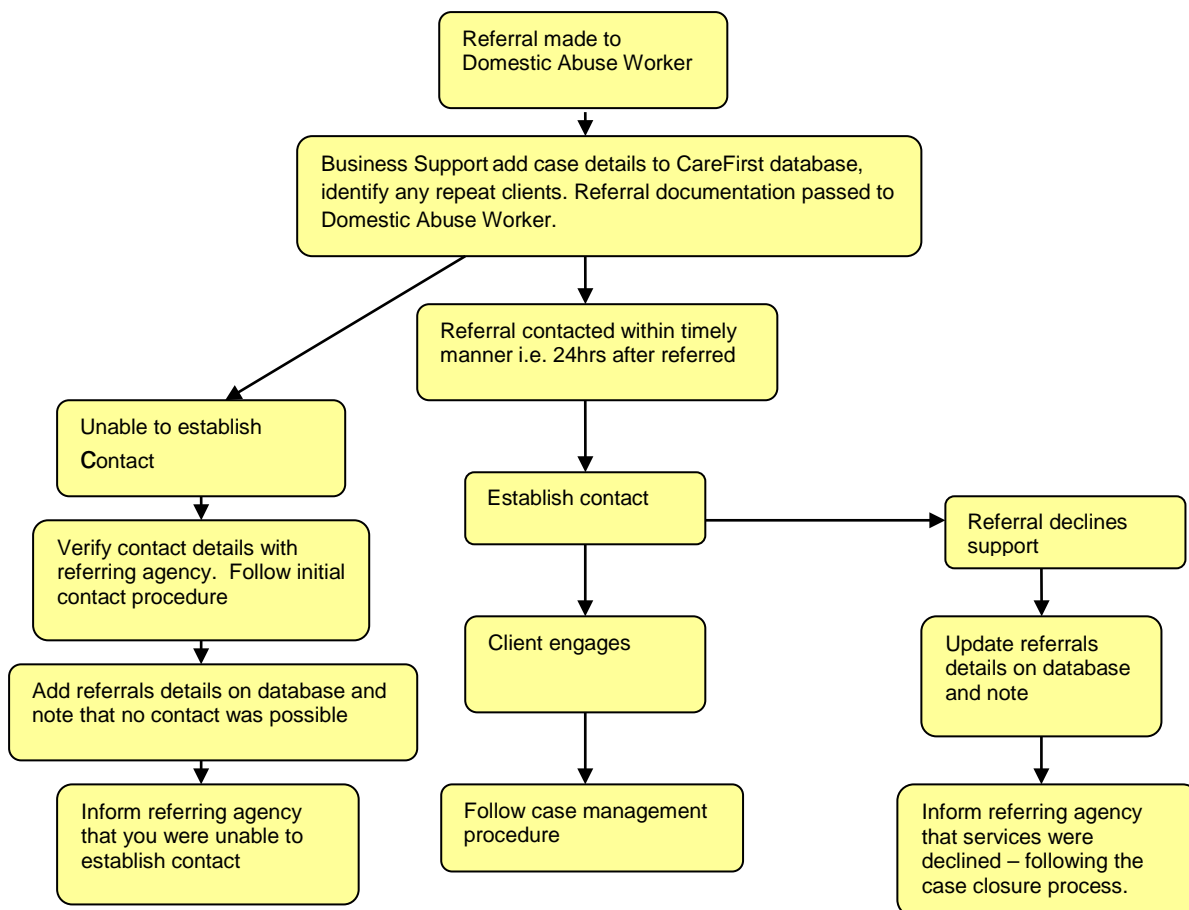
### Examples of Support:

- Short term safety planning, i.e. crisis intervention
- Longer term safety planning
- Access to target hardening (security measures)
- Facilitating access to housing
- Support during criminal proceedings
- Facilitating access to legal advice regarding civil remedies
- Referral to other agencies dependent on individual needs
- Attendance to relevant meetings including MARAC
- Enhancing victim knowledge of domestic abuse dynamics/tactics
- Empowering victims to make informed choices that enhance their safety
- Working within a wider training pool to deliver domestic abuse training courses
- Direct work with children

The team operates during office hours Monday-Friday. A Domestic Abuse Worker is on duty each day to deal with any queries.

## Case Intake Procedure

- Referrals are made to Domestic Abuse Worker service by agencies (i.e. police / health / Childrens Services), by email or fax. Documentation will include an intake form (appendix 4) and Risk Indicator Checklist (appendix 7). The service also accepts self-referrals for individuals at medium or high risk not currently engaged with other agencies. Where an individual is already engaged with an agency, this agency should undertake the referral.
- Business Support add case details (including; name, address, contact details etc.) onto the CareFirst database at this point identifying: any repeat clients; whether there is an open case; and, checking that the referral is appropriate. Where there are details missing from the referral these will be sought by Business Support through the referring agency.
- Referral documentation is then passed to a Domestic Abuse Worker and placed within duty file.
- Victims are contacted within 24 hours of receiving a referral (excluding weekends) following the initial contact procedure.
- If the victim declines the service, the worker will ensure this is documented on CareFirst and inform the referring agency by email or telephone.
- If the victim engages, support will be provided following the case management procedure.



## **Initial Contact Procedure**

- **Initial contact** with all victims should be attempted as soon as practicable and within 24hrs after the referral has been received.
- **Initial contact** should be made by telephone, to introduce the service, and ascertain;
  - If the victim wishes to receive a service.
  - They are in agreement with the referral information received.
  - Whether it is safe to complete a face to face meeting.

### **Initial Contact Process – The Domestic Abuse Worker will :-**

- Telephone the prospective client
- Introduce themselves and the team
- Give contact details for the Domestic Abuse Team and check the contact details on the referral are safe to use. If this is not the case these will be checked with the referring agency.
- Ensure initial information from referrer is correct including spellings of names, addresses etc. and confirm that the details on CareFirst are correct. Any errors should be updated prior to contact by Business Support where possible.
- Check if the client was injured and organise appropriate medical care as required.
- Briefly explain more about the service:
  - Independent from other agencies
  - Confidential (within limitations)
  - Offer support
- Establish if the victim would like to engage with the Domestic Abuse Team, if they would the Domestic Abuse Worker will arrange an appointment, if they decline support the worker will record this on CareFirst and close the referral down. The Domestic Abuse Worker will also notify the referring agency.
- The line manager will review the case details and current caseloads before allocating the referral to an appropriate Domestic Abuse Worker.
- The Domestic Abuse Worker will arrange a face to face appointment if safe, this should take place at the Civic Centre or appropriate community setting (housing office, GP Surgery etc.) wherever possible, taking place as soon as possible and within 10 working days unless there are exceptional circumstances (such as ill-health, temporary residence out of area etc.).
- Ensure that where the case is high risk the case has been referred to MARAC by the referring agency, or submit a referral if the client has self-referred.
- Ensure a new Risk Indicator Checklist (RIC) is completed (see appendix 7) and an individualised support plan is in developed.
- Gain verbal consent to share information and record on CareFirst that this has been completed.
- Confirm any verbal consent from the client in writing ensuring signatures are gained at first face to face appointment (as outlined on p.7).

## **If unable to establish contact**

### **The Domestic Abuse Worker will:-**

- Contact the referring agency to confirm contact details and check for any alternative contact numbers on file.
- The first three contacts are to be made by the Domestic Abuse Worker within three working days of the referral, with a minimum of three calls over the three days at different times of day.
- Following 3 unsuccessful attempts at contact, attempts should be made through any appropriate partner agency who is working with the client.
- If the duty worker is still unable to establish contact they will send the standard “no contact” letter (see appendix 1).
- If the victim does not respond to the ‘no contact’ letter within 7 working days the duty worker will complete and close the CareFirst referral detailing the reason for closure.
- Once this has been completed the worker will inform the referring agency that no contact has been established.

## **Confidentiality and Information Sharing Agreement**

Sharing information safely is essential when working with victims of domestic abuse, especially when working with clients at high risk of serious harm and homicide. It is important to have a clear confidentiality and information sharing policy to help establish a legal framework for handling and sharing information both internally and externally to the service.

It is important to demonstrate safe and defensible decision-making. This means that information shared and actions taken need to be lawful, necessary and proportionate in protecting the clients worked with.

### **Important points to explain to clients**

It is important that clients understand the agreement they are entering into so that they can give *informed consent*. The Domestic Abuse Worker must explain the reasons why the client's information might be shared and how the service will treat the sensitive and personal data it is given. The Domestic Abuse Worker must explain that every case is individual, but in general, the service does not need consent to share information where the client or their children are at high risk of serious harm.

The greyed out box on the Confidentiality and Information Sharing Agreement (appendix 3) condenses the important points of the agreement to enable the Domestic Abuse Worker to brief the client on the parameters of information sharing when there is limited time or in an emergency. It is essential that the Domestic Abuse Worker revisits the agreement when they are face-to-face with the client to be sure the client has understood the agreement and has signed it.

The form also documents where clients might want to limit the information shared with specific agencies or individuals.

A copy of the completed form must be saved within the client's file.

## **Case Management Procedure**

### **Stage 1**

- The service will collect data from the agency referral or by using the intake form (filling in any blanks/confirming details received from other agency) the areas shaded in grey will assist in gathering immediate concerns and safety issues. This should be completed by the referring agency or by the duty worker if the victim self-refers.
- Initial contact (follow procedure) with client is to advise the client that the Domestic Abuse Team support is free, to explain what support is available and the role of the Domestic Abuse Worker, to explain confidentiality and information sharing – including the client's right to access the file under freedom of information.
- Following allocation the relevant Domestic Abuse Worker will explain the confidentiality and information sharing agreement and have this signed. They will then take the client through the Risk Identification Checklist (RIC) which will identify level of risk. A new risk indicator checklist is to be filled in for all clients who are referred to the service (See guidance on RIC). If the RIC shows the case to be standard risk the case should be closed with appropriate signposting or onward referral undertaken.

### **Stage 2**

- Create an Individualised Support Plan (this will help create an action plan and ensure all the safety options relevant to the client are covered). The risks that have been identified within the RIC should be addressed on the ISP, where practical.

### **Stage 3**

- Liaise with all relevant agencies, ensuring necessary referrals to MARAC (Multi Agency Risk Assessment Conference), engage with necessary services to address the client's needs through multi agency work.
- Maintain regular contact with the client to ensure they are receiving the appropriate support.

### **Stage 4**

- Document outcomes and interventions on CareFirst, ensuring any supporting information is saved in the relevant file.
- All case notes should be:
  - Concise yet detailed enough for them to be useful to manage and progress the case.
  - Legible, so that others within the team can access them in the workers absence.
  - Accurate – distinguishing between fact and opinion.
  - Relevant to case work.
  - Timely – recorded at the earliest opportunity.



### Stage 5

- Monitor risk throughout case using the review RIC every 3 months as a minimum logging all details of discussions on CareFirst. **At notification of any further incident of domestic abuse the Domestic Abuse Worker will use their professional judgement to decide whether there is any change to risk level and update or repeat the RIC and Individualised Support Plan as required.** Case notes will be updated to document any decision taken and the reasons for this within 24 hours of receipt of an additional referral.

### Stage 6

- Where possible the Domestic Abuse Worker will collect exit data using the exit form on CareFirst (appendix 5). In appropriate cases, and with client agreement, a satisfaction form should also be requested (appendix 6).

### Stage 7

- The Domestic Abuse Worker will contact the client 6 months after the case has been closed (only for clients who had successfully engaged with the service) as a follow up with the client. This will be to discuss their current situation.

**The Domestic Abuse Worker will maintain regular contact with client. The frequency of contact will be based on individual needs and professional judgement at all times during engagement, with at least one contact per month required as a minimum.**

## **Creating an Individualised Support Plan (ISP)**

The Individualised Support Plan has two elements to it:

1. To provide the Domestic Abuse Worker with the space to **action plan** the risks identified through the Risk Indicator Checklist and any additional concerns that they or their client may want to address.
2. To provide the Domestic Abuse Worker with the space to document the **options and advice** given to the client.

The aim, where practical, is to provide the client with an individual plan tailored to their situation that they can take away with them.

Safety planning and the various options available to the client should be discussed on a variety of occasions. For this to be most effective it is important that this is brought together to create a formal and coherent support plan to refer back to.

### **Action Plan:**

This is useful to look at issues and risks identified through the Risk Indicator Checklist that the Domestic Abuse Worker or the client wishes to address. Where practical, make sure all risks identified have been addressed. It should be used to agree courses of action, establish timelines for completion and agree who is going to carry them out. Examples of action points might be to address the risk of weapons being used by the perpetrator towards the victim while another action may be to extend the client's support networks by attending her local mother and toddler group (further examples are contained on the next page). The Domestic Abuse Worker may need to create new plans or refresh old ones as the client's situation changes on a monthly basis as a minimum. While the initial action plan will prioritise immediate safety, the following plans created will be able to look at short to medium term goals.

**Don't forget to discuss the possibility of future violence/abuse, what they will do and what options will be available to them in these circumstances.**

### **Options and Advice:**

All of the boxes on the options and advice pages are designed to cover the spectrum of options available to a high risk domestic abuse victim. Each space can be used to document the options that the client is eligible for, making sure it is kept up to date so that it reflects any change in local services/resources or available referral routes.

Once the Domestic Abuse Worker has completed an ISP this should be documented on CareFirst and where a signed copy has been returned this should be kept in the clients file. Where it is safe to do so, a copy will be given to the client.

***For access to more generalised safety plans please see Women's Aid The Survivor's Handbook available through their [www.womensaid.org.uk](http://www.womensaid.org.uk)***

<p><b>General Safety Planning:</b></p> <ul style="list-style-type: none"> <li>• Think about the unique risks posed to your client in the home/work/social settings through your risk assessment. Is your client aware of them?</li> <li>• Plan escape routes</li> <li>• Advise them to develop code words with children or people they know to tell them you need help</li> <li>• Encourage them to carry a phone charger, keep their phone charged &amp; carry small change for a public phone</li> <li>• Change routine where possible? E.g. use different bus route</li> <li>• What about their safety at work? Do their employers know what is happening?</li> <li>• Refer high risk cases to MARAC</li> </ul>	<p><b>Housing &amp; Security:</b></p> <ul style="list-style-type: none"> <li>• Does the client need to access temporary accommodation?</li> <li>• What about other housing options? What is the safest option for your client? What about longer term housing solution?</li> <li>• Is refuge suitable and necessary?</li> <li>• What about security measures? Sanctuary / occurrence markers / cocoon watch / target hardening</li> <li>• Fire Safety Assessment</li> <li>• Does the Housing Association/Authority know what is happening? Is there a notification flag on the address? Are there any arrears?</li> <li>• What about housing action against perpetrator?</li> </ul>
<p><b>Separating &amp; Post separating:</b></p> <ul style="list-style-type: none"> <li>• Separation and several months afterwards is a dangerous time for your client. If possible, keep regular contact</li> <li>• Code words can be useful for your client to tell you and others they need help?</li> <li>• Talk through your clients escape route</li> <li>• Advise them to prepare a bag in case they leave in an emergency</li> <li>• If your client goes to a scheduled regular event each week they could use this window of time to leave</li> <li>• Once they have left encourage them to change their number &amp; routine</li> <li>• They should only tell people they trust about their plans to leave.</li> </ul>	<p><b>Legal:</b></p> <ul style="list-style-type: none"> <li>• What criminal options are there available?</li> <li>• Encourage police reporting and police response</li> <li>• Do you need to support client @ court</li> <li>• What civil options are available? Referral to solicitor</li> <li>• Are there any breaches of bail/civil/criminal orders</li> <li>• Are there any children? Is there any legal protection needed for the children?</li> <li>• Any immigration issues? Do you need to refer on for immigration advice?</li> <li>• Does the client's financial situation have an impact on the above options?</li> <li>• Is probation involved with the client/perpetrator/ how can they help?</li> </ul>
<p><b>Children</b></p> <ul style="list-style-type: none"> <li>• Does the perpetrator have access to the children?</li> <li>• Do they have PR / custody?</li> <li>• Are school aware of the situation?</li> <li>• Is the school a flash point?</li> <li>• Do they need to be factored into any orders?</li> <li>• Do they have copies of orders</li> <li>• Consider what support the children might need</li> </ul>	<p><b>Health &amp; Wellbeing</b></p> <ul style="list-style-type: none"> <li>• Does the client need any medical assistance as a result of the incident?</li> <li>• Do they need to access general health services?</li> <li>• Do they need to access a SARC?</li> <li>• What about any substance misuse issues?</li> <li>• Does the client need any access to mental health services</li> <li>• Does the client have a disability that affects the safety options available to them?</li> <li>• What about clients wider support networks?</li> </ul>
<p><b>Additional support factors</b></p> <ul style="list-style-type: none"> <li>• Any substance misuse, mental health or disability issues?</li> <li>• Are there any services to refer client to?</li> </ul>	<p><b>Financial</b></p> <ul style="list-style-type: none"> <li>• Does the client have access to finances? If so what? Benefits? Child Benefits? Employment?</li> <li>• Does perpetrator and / client have access?</li> <li>• Any debts? Any housing arrears? Whose are they?</li> <li>• Are there any perpetrator / client drug or alcohol issues which impact finances</li> <li>• Are there any immigration issues affecting clients access to finances</li> </ul>
<p><b>Emergency bag: what to pack:</b></p> <ul style="list-style-type: none"> <li>✓ Change of clothes for you and child(ren)</li> <li>✓ ID for you and child(ren) (passports/birth certificates/driving licence)</li> <li>✓ Money – access to money/bank cards/chequebook</li> <li>✓ House &amp; car keys</li> <li>✓ Benefits info &amp; access to benefits</li> <li>✓ N.I number</li> <li>✓ Any medication and repeat prescriptions</li> </ul>	<p><b>Emergency bag: what to pack:</b></p> <ul style="list-style-type: none"> <li>✓ House &amp; car docs</li> <li>✓ Health/House/Car Insurance docs</li> <li>✓ Diary</li> <li>✓ Child(ren) toys</li> <li>✓ Family Photos</li> <li>✓ Recent photo of perpetrator – useful for service of civil orders and police investigation.</li> </ul> <p>It might not be safe to do this ahead of leaving. If it is, think about where you can hide it or ask someone you trust to look after it.</p>

## **Direct work with children**

The impact of domestic abuse on children varies significantly according to: context; severity; protective factors; circumstances; and resilience of the child. The level of detriment can change markedly even within the same sibling group as a result. Experiencing domestic abuse is recognised as an Adverse Childhood Experience (ACE). ACE's have been found to have potentially life-long impacts on health and behaviour.

It is important to avoid assumptions of 'permanent psychological damage' or future 'cycles of violence' where those who have witnessed domestic abuse will grow up to perpetuate the cycle as either perpetrators or victims. This is overly simplistic and overlooks the fact that domestic abuse is a learned behaviour not 'copied behaviour'.

However, research shows that domestic abuse shows strong inter-relationships with other forms of abuse and neglect. It is also common for perpetrators to use children to further abuse the victim.

As part of the initial risk assessment process undertaken with new clients a specific childrens' RIC should be undertaken. Further to this consent should be sought from the client to provide direct work with any children in the household.

### **The Domestic Abuse Worker will:-**

- Discuss the parameters of the work, explaining the type of work that will be undertaken and the reasons that the work is important. During these discussions it will be helpful to gather information on the child's interests, and also whether there are any specific issues the client would like to be explored with the child.
- Consider whether or not contact should also be made with any other professionals involved with the child(ren).
- Consider the most appropriate setting to undertake the work. Many children are anxious about the safety of their parent and therefore may be more comfortable at home, for others the home may be distracting as they see themselves in a different role there.
- Developing a rapport and relationship with the child is central to the work. Unless the child is comfortable they are unlikely to share their feelings and concerns. For initial sessions work may need to focus on engagement and 'getting to know you' exercises, these can then build to work around self-awareness. Confidentiality should also be explained to the child at the outset.
- Further sessions may look at:
  - Dealing with feelings
  - Healthy relationships
  - Safety planning
  - Goal setting
  - Positive gender work
  - Rebuilding relationships between the child and the non-abusive parent

- Where appropriate it can be beneficial to help the child express their feelings and concerns to their parent, either directly or indirectly.
- In some cases there may also be a need for further professional intervention, in which case an onward referral should be made.

All direct activity should be recorded on CareFirst using the relevant assessment document on the child's record.

## **Guidance on Case Reviews**

Case reviews create an opportunity for Domestic Abuse Workers to revisit cases at regular intervals and review the Risk Indicator Checklist three months from intake, and also at the point of case closure with a line manager to review the risks, ISP and agree a course of action.

The usual outcomes of a case review are:

1. To close the case
2. To continue supporting the case after a review of the action plan
3. To continue supporting the case with a review of Domestic Abuse Worker involvement according to the risk and needs of the client i.e. reducing intensity of support

Case reviews usually feature as part of wider case management sessions which occur more frequently i.e. monthly.

SafeLives recommends that regular case management sessions take place between the Domestic Abuse Worker and their supervisor (Safer Communities Co-ordinator). The Domestic Abuse Team holds weekly team meetings, monthly supervision with their line manager, and bi-monthly clinical supervision.

The sessions cover issues such as:

- a. Overview of the current caseload
- b. Review of cases where the Domestic Abuse Worker has significant concerns regarding an individual or a trigger event (e.g. child protection, mental health, court cases, prison release dates, expiry of protection orders etc.)
- c. Discussion of cases where the Domestic Abuse Worker is unable to contact the client to agree the next steps
- d. Review of case notes, case documentation and case management skills

Where issues are identified within a case these will be escalated through the line management structure, with notification also provided to partners – either individually or through the MARAC process.

## **Case Closure Procedure**

As a result of a case review/review of the risk assessment/engagement of the client it may be appropriate to close the case. Therefore the reason for closure will be reduction in risk, the client has disengaged, or that all available support has been provided.

The allocated Domestic Abuse Worker will:

### **Stage 1**

Complete an exit form (appendix 5), using the guidance notes provided and review Risk Indicator Checklist. The case closure summary form (appendix 8) must also be completed on CareFirst, and all open CareFirst assessments closed, before approval will be given for closure.

### **Stage 2**

Inform the referring agency of the case closure and the reasons for this by email or telephone.

### **Stage 3**

The case will be signed off on CareFirst by the line manager following quality assurance checks – ensuring review RIC's have been completed, safety planning has taken place and the risk has reduced. Reasons for closure and any recommendations must be documented fully.

### **Stage 4**

A satisfaction survey will be completed by the client following case closure wherever possible in order to continuously evaluate and improve the service. Results from the survey will be collated and reported as part of the performance management process.

## **Feedback Procedure**

Following the case closure procedure, feedback forms are to be completed with/by all clients whose cases are planned closures.

### **Stage 1**

A satisfaction survey will be completed by the client following case closure wherever possible in order to continuously evaluate and improve the service. This will be mailed out by the Domestic Abuse Worker at point of closure and completed independently by the client. Results from the survey will be collated and reported as part of the performance management process.

### **Stage 2**

Once this form has been completed it will be scanned and put into the electronic client folder marked feedback by the date it is completed. The details will then be added to the client survey spreadsheet.

### **Stage 3**

Any dissatisfied customers/agencies will be contacted within 5 working days of the completion of the feedback form by a manager. This will be to discuss how the service could be improved.

### **Stage 4**

All of the information will be collated on a regular basis and shared in relevant management meetings, looking at the satisfaction rate of the service. Results from the survey will be collated and reported as part of the performance management process.



## Appendix 1 – No Contact Letter

Gateshead Domestic Abuse Team  
Community Safety  
Care, Well-being and Learning  
Civic Centre  
Regent Street  
Gateshead  
NE8 1HH

**(INSERT TELEPHONE NUMBER)**

Dear \_\_\_\_\_,

Following a recent incident, Northumbria Police referred you to our service as standard practice.

We wanted to write to let you know that we can offer you information, advice and support if you need it. You simply need to call us on the above number.

You may not feel it necessary to call us at this time, however, should you wish to speak to someone in the future please feel free to get in touch. Our office hours are 9.00am - 5.00pm Monday - Thursday, and 9.00am - 4.30pm Friday.

The number for the National Domestic Violence Helpline is **0808 2000 247**-this number is available 24 hours a day, seven days a week.

Should you become frightened again at any time in the future, please do not hesitate to dial 999, your details can then be passed to our service with your consent.

**(NAMED CONTACT)**

Gateshead Domestic Abuse Team

## Appendix 2 – Options for Safety Information

### OPTIONS FOR SAFETY

**Please be aware that some of these options might not apply to you and are for information only. If you are unsure then please discuss further with your allocated Domestic Abuse Worker.**

#### ➤ Criminal Options (using the police)

- If your ex partner/family member harasses you in a way that makes you feel threatened/frightened of further abuse, if they use physical violence in any way or damage your property then they are breaking the law and should be reported to the Police.
- In order for the Police to hold them accountable for their actions, the police would need your support. **It is therefore important for you to keep any letters/texts or voicemails as evidence.**
- Police will take a statement from you including asking how the behaviour has made you feel (called a victim personal statement.) Photos might be taken of any injuries you have.
- Once the Police have your statement they will arrest the abusive person.
- They will then then decide if there is enough evidence to charge them.
- If the person did get charged, it's likely they would be given bail conditions to stay away from you and to keep you safe. It's important that you report any breaches of the bail conditions to the police.
- If the abusive behaviour involves harassing/pestering you, the Police might issue a formal warning.
- Sometimes when there isn't enough evidence to charge an abusive person for a crime, the Police use domestic abuse protection orders (DVPO's) instead. This is not a conviction but is a legal order that tells the abusive person they must not contact the victim at all during a 28 day period.
- These orders are designed to give the victim some time to think about what they need to do for their own safety without being pressured by the abusive person.

### ➤ **Civil Options (using a solicitor)**

As an alternative to criminal action, you could seek advice from a solicitor about civil measures. The main civil measures available are a Non-Molestation Order, also known as an injunction and an Occupation Order.

- A Non-Molestation Order is a legal order that tells the abusive person to stop threatening, harassing or intimidating you.
- Injunctions tend to be granted for fixed periods of time, usually 12 months and can be renewed if necessary by reapplying to the court.
- Once granted, the order would be served on the abusive person and you would also receive a copy from your solicitor, so it's advisable to keep it somewhere safe.
- A copy of the order would also be sent to the Police.
- The breach of an injunction is now an arrestable offence meaning the abusive person could be arrested if they continue to harass/threaten you after the injunction has been granted.
  
- An Occupation Order is a legal order that makes the abusive person leave the home (if you currently live together) if they are considered to pose a risk to you.
- It provides you with the right to occupy the home.

There are other factors to consider if you do want to apply for either of these orders so you would need to discuss it further with your solicitor (a family law solicitor.)

Anyone is entitled to legal representation however you might have to contribute towards the cost if your disposable income is in excess of a certain amount (please seek legal advice about this).

If you are unsure of which solicitor to use or need further advice, you could also contact the Citizens Advice Bureau on 0191 478 5100.

Some people decide not to use a solicitor and to represent themselves in family law matters. This would involve you applying direct to the local family/county court (Gateshead court, Warwick Street, Gateshead, NE8 1DT.) Gateshead county court is contactable on 0191 477 5821 or via email - [gatesheadcivil@hmcts.gsi.gov.uk](mailto:gatesheadcivil@hmcts.gsi.gov.uk). You can access advice on the internet about what representing yourself in court involves. There are also advice files that can be found in the local court itself.

### ➤ **Contact**

If you have children together, you might already have an agreement in place about how and when your ex partner sees them. If your ex partner hasn't been sticking to the agreement, stops abiding by this agreement or is being abusive to you through contact then you might want to consider stopping it. Your ex partner would need to seek legal advice (e.g. seeing a solicitor) about a more formal agreement that would ensure consistent contact for your child/children. You might want to seek your own legal advice about this for your own peace of mind however it is not your responsibility to start any proceedings. It is the responsibility of the non-resident parent

## ➤ **Housing**

In order to be considered for rehousing with Gateshead Council, you would need to complete an application and add your name to their waiting list. This can be obtained from Gateshead Housing Company reception (1<sup>st</sup> floor Gateshead Civic Centre) or completed online.

If you needed to move urgently, it would be advisable to attend Gateshead Housing Options service for advice. To do this you would need to attend Care Wellbeing and Learning reception on the 1<sup>st</sup> floor of Gateshead Civic Centre and ask to see a housing officer. Their opening hours are Mondays to Fridays 10-3pm. Please take ID with you.

Alternatively to Gateshead Council, there are Housing Associations and private rented properties that might be available to you. You can obtain a list of all housing associations from Gateshead Council. In terms of private renting, Gateshead Private Landlords Association advertise a monthly list of available homes to rent. You can obtain this by accessing their website; Gateshead Private Landlords Association.

The Neighbourhood Relations Team is a section within Housing that deals with Gateshead residents who cause anti-social behaviour problems. Anti-social behaviour includes the use of domestic abuse. In some circumstances and with enough evidence, they can take legal action in a bid to stop that person causing any further problems and protect the victim(s). The council would be responsible for the legal costs and not the individual victims. You could ask about this service through your local housing office.

### **Emergency Housing**

If you become frightened about staying in your own home, there are emergency refuges that could accommodate you and your children. The staff at the refuge could offer you advice and support about what to do next. You would not have to tell anyone else where you were. If you have a low income, there is a chance that you would not have to pay some or all of the rent there. If you would like to access a refuge, you could contact the National Domestic abuse Helpline on 0808 2000 247 or alternatively, ask a professional already involved with you. As below, you could attend Gateshead Housing options team for advice (based on the 1st floor at Gateshead Civic Centre.) Please take ID with you.

## **Emotional well being**

Many people find that their emotional well being is affected both during and after their experiences of domestic abuse. Please talk to your GP if you find your mood is affected and does not improve. Your GP might be able to suggest both medical and therapeutic options. Please ask your GP more about these services if you are interested.

There are some numbers that you could find useful, including:

- National Domestic abuse Helpline 0808 2000 247
- Samaritans National Helpline 0845 90 90 90
- Northumbria Police 0191 454 7555
- Citizens Advice Bureau 0191 478 5100

If you are female and interested in getting time just for you that help build your confidence, some possible options could include

### **Tyneside Women's Health**

They offer a wide range of short courses for women, including confidence building, which can help to prepare you for entering back into employment. Their telephone number is 0191 477 7898.

## **Sexual Health**

Many people find that they need to seek advice about their sexual health during or after an abusive relationship. There are lots of confidential services in Gateshead that you can access. There are both drop in and appointment only sexual health clinics:

- Monday Trinity Square Health Centre 9-4:30 – drop in. (4:30-7pm appointment only.)  
Bede Centre, Felling 1-3:30pm appointment only
- Tuesday Trinity Square Health Centre 9-12:30 appointment only then 1pm-7pm drop in  
Dunston Health Centre 4:30-5:30 young person's under 25 drop in 5:30 – 6:30 any age but appointment only
- Wednesday Trinity Square 1-4:30 drop in and appointment only 5-7pm  
Wrekenton Health Centre 1-4pm appointment only. 4:30-5:30 drop in for under 25's.
- Thursday Trinity Square 9-4pm appointments only then drop in from 4-7pm  
Blaydon primary care centre 9-12:30 & 1-4 appointment only  
Low Fell Clinic 6:15-7:30 – drop in
- Friday Trinity Square drop in from 9-12:30 then appointment only 1-4pm  
Bede Centre 9-11:30am – appointment only
- Saturday Blaydon primary care centre 9-12 appointment only

If you feel that you have recently been sexually assaulted and would like some advice, you can contact REACH - 0191 221 9222.

Tyneside Rape Crisis Centre -222 0272 (office hours) is a branch of Rape Crisis Tyneside and Northumberland. Based in Newcastle upon Tyne, they provide

support and information for women and girls over 13 who have been affected by any form of sexual violence at any time in their lives.

Helpline and Email Support are available:

Tuesday, Wednesday and Thursday between 6 pm and 8.30 pm

Friday between 11 am and 2 pm - Telephone: 0800 035 2794

Email: [emailsupport@rctn.org.uk](mailto:emailsupport@rctn.org.uk)

### ➤ **Substance Services**

Many people suffering from domestic abuse develop ways of coping. Sometimes, that might include alcohol or other substances. On occasions these substances can start to become a problem and you might not know how best to deal with it on your own. The service in Gateshead to help you if this is the case for you is Evolve – 0191 594 7821.

This agency offers a confidential, non-judgemental service. Both medical and therapeutic services can be offered depending on what they think is suitable.

You can ring and refer yourself or you can ask a professional involved with you to make the referral, e.g. your GP or Housing Support Worker.

### ➤ **Safety for the Children**

Sometimes, even when you make efforts to shield and protect the children, they can often see and hear the domestic abuse taking place and become victims too. If you are worried about them, you could talk to your GP who might be able to suggest/refer you to services for support.

In addition to talking to your GP, you could:

- Tell school/nursery exactly who has permission to collect the children
- If the children have to change school, let them know
- Teach the children never to open the door without knowing first who is there
- Consider whether or not, its safe to leave with the children
- Let the children know that they are not to blame

### **Other Options:**

- Change your phone number
- Block numbers that you don't wish to receive calls from
- Keep your social networking profiles private
- Be aware that there will be a local Community Police Officer who covers the area you live in now and where you move to, who could be part of your safety plan.

**ALWAYS RING 999 IN AN EMERGENCY**

National 24hr Domestic abuse Helpline:

0808 2000 247

Emergency Duty Team:

(6pm to 8am) 0191 4770844

Nearest A&E dept is located:

QE Hospital, Gateshead

0191 482 0000

Gateshead Independent Domestic Abuse Advisers (Mon-Fri - 9am-5pm)

0191 433 3032/ 5085/ 5115/ 5029/ 5126

## Appendix 3 – Information Sharing Form

### **CONFIDENTIALITY AND INFORMATION SHARING AGREEMENT** 1/2

- Our aim is:
  - To support you in whatever choices you make
  - Inform you of choices that are available to you
  - To create a safe environment for you to disclose sensitive and personal information
  - To respect your decisions
- The information below outlines how we will treat the information that you give us about yourself, your family and others and your circumstances.
- **It is important for you to read this information sheet and that a Domestic Abuse Worker also explains it to you. When you have read and understood the agreement sign and date it on the next page.**

#### **In an emergency:**

The basic principles of confidentiality and information sharing are:

1. The information you provide is confidential unless:
  - a. You consent to information being shared
  - OR
  - b. You or any children are likely to be seriously injured – this will usually be called ‘at high risk of serious harm’
2. We will always try and tell you when information is being shared unless it is not safe for you or your children or if we can’t contact you.
3. If we have to share information in this situation, we will only share relevant information that will improve you and / or your child[rens] safety.
4. We will talk this situation through with a senior member of the team and will write on your case file what we have shared, why and who with.
5. You have a right to access your file, please contact your Domestic Abuse Worker who will advise you of the process.

#### **How will we treat any information that you give us?**

We will use information you give us to help keep you and any children safe, we will also use this information to improve the service we offer you and others:

- Generally, the information that you share with us about yourself, your family and others and your situation will be treated as confidential by Safer Families. This means that only authorised people at Safer Families will have access to this information unless you say otherwise.
- There may be times when it is useful for someone from Safer Families to share information about you with other agencies. Unless your situation is ‘high risk’ your Domestic Abuse Worker must ask for your permission to share this information and you will be able to say yes or no.

#### **Improving the service we offer you:**

- So that we can try to improve the service we offer, we might need to make your details and information you give us anonymous so that we can share it with agencies and researchers outside of our service. This helps us to monitor our performance, understand more about domestic abuse and the best ways to improve the lives of people who experience it.
- When we share information in this way the identities of our clients and their children will never be revealed.
- You can choose if you are happy for your information to be made available for these reasons. If you decide to say no, this will in no way affect the service that you receive.



<b>CONFIDENTIALITY AND INFORMATION SHARING AGREEMENT 2/2</b>
--

So that we know you have read and understood this agreement please answer yes or no to each statement by placing a cross in the box. It is important that you answer yes or no to each statement.

	Yes	No
<b>The confidentiality and information agreement has been explained to me.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I give permission for anonymised information about me to be used by other agencies and researchers for the purpose of monitoring and research.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I understand that information about me will be held confidentially unless I give my permission for it to be shared with others.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I understand that there are exceptions to this and in the event that I, or my children are assessed to be at high risk of harm, information about me can be shared without my permission.</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**Please sign and date the agreement:**

Signature.....Date:.....

Print name.....

Domestic Abuse Worker Signature.....

**If agreement explained and consented to over the telephone:**

Domestic Abuse Worker's signature.....Date:.....

Agency name	Agency contact	Permission to share information (Yes or No)	Date	Date of review

## Appendix 4 – Intake Form

<b>Gateshead Domestic Abuse Team</b>  <b>REFERRAL FORM</b>	<b>Client ID/Ref No:</b>  <b>OFFICE:</b>  <b>Risk Level:</b>
<b>Date of referral:</b>	<b>Agency:</b>
Name of referring practitioner:  Contact details:  Telephone: Mobile:  Email:	Address:
<b>VICTIM</b>	<b>PERPETRATOR</b>
Forename(s):  Surname:  Alias:  DOB:  Address:  (Safe to write Y or N) <b>Safe Contact number (please state if there is not one):</b>	Forename(s):  Surname:  Alias:  DOB:  Address:
Gender:	Gender:
Ethnic Origin:	Ethnic Origin:
Religion:	Religion:
Describe relationship and living arrangements: i.e. on / off / client lives at mums/ perp stays over occasionally/ LGBT:	
If Refugee / Asylum seeker ( <b>victim only</b> ) Nationality:	Status:
GP details if known ( <b>victim only</b> )	
<b>VICTIM RISK ASSESSMENT ON REFERRAL</b>	
STANDARD / MEDIUM / HIGH	

Date RIC completed:	
<b>Please ensure the completed RIC is included with referral</b>	
<b>CONSENT:</b>	
Date Service User's Consent Obtained:	If not can you satisfy the requirement to share information without consent?
<b>LIST ANY CHILDREN IN THE HOUSEHOLD:</b>	
1. Name:	Does the Perp have PR: Y/N
Date of Birth:	
Address:	
School:	
2. Name:	Does the Perp have PR: Y/N
Date of Birth:	
Address:	
School:	
3. Name:	Does the Perp have PR: Y/N
Date of Birth:	
Address:	
School:	
4. Name:	Does the Perp have PR: Y/N
Date of Birth:	
Address:	
School:	
Is the client currently pregnant? Y/N	If yes has this been confirmed?: Y/N

**BACKGROUND INFORMATION:**

EG. Why are you referring this case and what do you want from the process?

Please provide **FULL** details of the circumstances and **current** risk issues.

Additional information can attached on a separate piece of paper if required)

- Who is the victim afraid of?(to include all potential threats, and not just primary perpetrator)
  
- Who does the victim believe it is safe to talk to?
  
- Who does the victim believe it is not safe to talk to?

**Please Return this from to:**

Post: Domestic Abuse Team, Civic Centre, Regent Street, NE8 1HH

E-mail: [DomesticAbuseTeam@Gateshead.GCSX.Gov.UK](mailto:DomesticAbuseTeam@Gateshead.GCSX.Gov.UK) (secure) or  
[DomesticAbuseTeam@Gateshead.gov.uk](mailto:DomesticAbuseTeam@Gateshead.gov.uk) (non-secure)

**If you have any queries regarding this form, please contact the service on:  
0191 433 - 2345 / 3538 / 3529 / 3527 / 3538 / 3539**

## Appendix 5 – Exit Form

Client ID/Ref no: Risk Level Intake: Name of Domestic Abuse Worker:
---

Please make sure we have the latest client contact details as this information will be used to complete the follow up stage:			
<b>Client Details</b>	Name:/AKA	DOB/Age:	Gender:
ADDRESS	Safe to write: Y / N	Tel no:	
Alternative Address:	Safe to write: Y / N	Mobile:	
		Safe times to call:	
		Code words:	
Comments / Notes			
<b>Perpetrator Details: Document any change in details since intake:</b>			
Address & Contacts:	Details of any serving sentences/restraining orders/NMOs/OOs		
Comments / Notes:			
<b>Children: Document any change in details since intake:</b>			
Names: DOB:	Who do they live with and where:		
	Any changes in schools – note new address:		
Comments/Notes			

Using the details from the closing RIC:  
Make sure your client has an up to date ISSP

Compared to your situation at intake....	Worse	No Change	Improved	Comment	Action / Referrals still required?
How do you feel about your overall situation?					
How frightened do you now feel?					
How is your safety at home and / work?					
How is your emotional & physical wellbeing?					
How is your safety at child contact visits / school?					
How is your confidence and self-esteem?					
How is your ability to cope?					
How are your finances / access to finances?					
How is your access to social networks / support?					
How is your relationship with your children?					
How is your children's wellbeing?					
How is your children's safety?					
		Yes	No	Comment	Action?
Do you know what to do if another incident occurred? E.g. Where to go for help? Who to contact? How to contact the DA Team?					

**Follow up call:** It's our policy to call you In 6 months' time to find out how you have been getting on.....

Is it ok to contact you?	Y	Signature of client.....Date:.....
	N	Print Name:.....
		Domestic Abuse Worker Signed:.....Date:.....

# Domestic Abuse

## Client Survey

You have recently received support from an Independent Domestic Violence Advisor (IDVA) the Safer Families Team in relation to a domestic abuse situation.

We would be grateful if you could take a few minutes to give us some feedback relating to the support you received.

Your views are important to us and they will help us to improve services in the future.

Name:

Address:  Post Code:

Case ref:  Client ref:

Contact details:

### Question 1

How satisfied are you that accessing support from the IDVA was easy to do?

Very Satisfied

Fairly Satisfied

Fairly Dissatisfied

Very Dissatisfied

Neither Satisfied or Dissatisfied

### Question 2

When an IDVA from the Safer Families Team first contacted you, how satisfied are you that you were advised about all of the support you could receive?

Very Satisfied

Fairly Satisfied

Fairly Dissatisfied

Very Dissatisfied

Neither Satisfied or Dissatisfied

### Question 3

How satisfied are you with the safety planning advice you were given by the IDVA?

Very Satisfied

Fairly Satisfied

Fairly Dissatisfied

Very Dissatisfied

Neither Satisfied or Dissatisfied

### Question 4

How satisfied are you that the IDVA kept in regular contact with you?

Very Satisfied

Fairly Satisfied

Fairly Dissatisfied

Very Dissatisfied

Neither Satisfied or Dissatisfied

**Question 5**

How satisfied are you overall with the support you were given by the Safer Families Team?

Very Satisfied	Fairly Satisfied	Fairly Dissatisfied	Very Dissatisfied	Neither Satisfied or Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

**Question 6**

How would you describe your satisfaction with the IDVA who supported you?

**A – They were helpful**

Very Satisfied	Fairly Satisfied	Fairly Dissatisfied	Very Dissatisfied	Neither Satisfied or Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

**B – They treated me fairly**

Very Satisfied	Fairly Satisfied	Fairly Dissatisfied	Very Dissatisfied	Neither Satisfied or Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

**C – They explained all of my options including housing, security measures and criminal justice options**

Very Satisfied	Fairly Satisfied	Fairly Dissatisfied	Very Dissatisfied	Neither Satisfied or Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

**Question 7**

How satisfied are you that receiving support from the IDVA made you feel safer?

Very Satisfied	Fairly Satisfied	Fairly Dissatisfied	Very Dissatisfied	Neither Satisfied or Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

**Further Comments:**

Do you have any further comments about the service you received from the IDVA within the Safer Families Team?

Thank you for taking the time to complete this survey.



# Appendix 7 – Safe Lives Domestic Abuse Stalking and Harassment and Honour Based Violence Risk Indicator Checklist



Ending domestic abuse

## 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<sup>1</sup> 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: [http://www.safelives.org.uk/marac/RIC\\_for\\_MARAC.html](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.

### 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 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.

<sup>1</sup> For further information about MARAC please refer to the 10 Principles of an Effective MARAC: [http://www.caada.org.uk/marac/10\\_Principles\\_Oct\\_2011\\_full.doc](http://www.caada.org.uk/marac/10_Principles_Oct_2011_full.doc)

SafeLives Dash risk checklist for use by Idvas and other non-police agencies<sup>2</sup> 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. <b>Has the current incident resulted in injury?</b> Please state what and whether this is the first injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. <b>Are you very frightened?</b> Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. <b>What are you afraid of? Is it further injury or violence?</b> 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. <b>Do you feel isolated from family/friends?</b> 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. <b>Are you feeling depressed or having suicidal thoughts?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. <b>Have you separated or tried to separate from [name of abuser(s)] within the past year?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. <b>Is there conflict over child contact?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. <b>Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you?</b> 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. <b>Are you pregnant or have you recently had a baby (within the last 18 months)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. <b>Is the abuse happening more often?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. <b>Is the abuse getting worse?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. <b>Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous?</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. <b>Has [name of abuser(s)] ever used weapons or objects to hurt you?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. <b>Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them?</b> 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"/>	
15. <b>Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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
<b>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?</b> If someone else, specify who.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>17. Is there any other person who has threatened you or who you are afraid of?</b> If yes, please specify whom and why. Consider extended family if HBV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>18. Do you know if [name of abuser(s)] has hurt anyone else?</b> 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"/>	
<b>19. Has [name of abuser(s)] ever mistreated an animal or the family pet?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>20. Are there any financial issues?</b> 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"/>	
<b>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?</b> If yes, please specify which and give relevant details if known. Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental health <input type="checkbox"/>				
<b>22. Has [name of abuser(s)] ever threatened or attempted suicide?</b>				
<b>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?</b> 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"/>				
<b>24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history?</b> 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"/>	
<b>Total 'yes' responses</b>				

**For consideration by professional**

<p><b>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.</b></p>	
<p><b>Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.</b></p>	
<p><b>What are the victim's greatest priorities to address their safety?</b></p>	

<p><b>Do you believe that there are reasonable grounds for referring this case to MARAC?</b></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p><b>If yes, have you made a referral?</b></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p><b>Signed</b></p>	<p><b>Date</b></p>
<p><b>Do you believe that there are risks facing the children in the family?</b></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p><b>If yes, please confirm if you have made a referral to safeguard the children?</b></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p><b>Signed</b></p>	<p><b>Date referral made</b></p>
<p><b>Name</b></p>	<p><b>Date</b></p>

<p><b>Practitioner's notes</b></p>

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.

## Appendix 8 – Case Closure Summary Form

<u>Domestic Abuse Team Closure Summary</u>	
<b>Name of client:</b>	<b>P Number:</b>
<b>Domestic Abuse Worker:</b>	
<b>Date Allocated:</b>	
<b>Date Closed:</b>	
<b>Reason for Closure:</b>	
Safety planning advice given – no further support required	
Client initially engaged but subsequently contact was lost	
Risks reduced	
All relevant support previously provided – updated advice given	
Client engaged but subsequently reconciled with partner	
All relevant support provided – risk remains as unable to impact on situation	
Referral found to be inappropriate	
Client has left the area	
Other (Please state):	
<b>Has the referrer been notified:</b>	Yes/No
If not state reason:	
<b>Do you believe the client’s level of risk of further harm has (please choose one):</b>	
Significantly reduced	
Moderately reduced	
Limited or no change	
Increased	
Don’t know	

<b>Support provided (select all that apply):</b>	
Safety Planning	Yes/No
	If not state reason:
Security Measures	Yes/No
Housing advice	Yes/No
Emergency accommodation	Yes/No
Support at Court	Yes/No
Liaison with services	Yes/No
Emotional Support	Yes/No
Support to access legal advice	Yes/No
Education about dynamics and tactics	Yes/No
Support with children	Yes/No
Substance misuse	Yes/No
Immigration	Yes/No
Benefits	Yes/No
Access to crisis funding	Yes/No
<b>Risk Indicator Checklist completed at closure? Yes/No Closure score:</b>	
If not state reason:	
<b>Number of times RIC assessment undertaken: (reviewed every 3 months)</b>	
<b>Has an onward referral been made:</b>	
HAILO	
Oasis Aquila	
Tyneside Women's Health	
Other (please state)	
If not reasons for this:	
<b>Completed by:</b>	<b>Date:</b>
<b>Closure accepted:</b>	Yes/No
<b>Authorisation comments:</b>	
<b>Authorised by:</b>	<b>Date:</b>