

Salford City Council

#OurValues

**PRIDE • PASSION • PEOPLE
PERSONAL RESPONSIBILITY**

Relationships Matter

Practice Guidance: Identifying and responding to conflict and Domestic Abuse Children and Families

**For Salford City Council Childrens
Services**

Acknowledgements:

Over several years of working with Independent Domestic Violence Advisor (IDVA) and domestic abuse services safe-lives have witnessed much variation in practice in relation to case management. They devised some of the resources created within this pack to encourage more consistency.

The following services who have inspired and contributed to safe-lives development of these resources work in this area:

ADVANCE (London)
Blackburn With Darwin Women's Aid
Worth Services (West Sussex)
North Devon Against Domestic Abuse

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******The DA toolkit on the children safety parenship website explains how to obtain civil protection orders, apply for refuge, gain financial aid and also explore a ray of charity based services that offer support to victim survivors, children and people who harm across the borough. Please familiarise yourself with the toolkit and all the support available as a priority ******
Ask your DA champion for support if you are unsure.

Purpose

This resource aims to provide the framework of a consistent and effective response to tackling conflict and domestic abuse. It addresses situations where a person aged 16 years or over is being harmed or abused by an intimate partner or close family member as defined by the governments definition dated April 2013.

Although domestic abuse is most commonly thought of as violence between intimate partners, this guidance acknowledges that domestic abuse can affect men, women, those in same sex relationships and by young people towards other family members, as well as the abuse of older people in families. Domestic abuse occurs irrespective of age, social class, racial, ethnic, cultural, religious or sexual relationships or identity.

No one agency can address all the needs of people affected by, or perpetrating, domestic violence and abuse. For intervention to be effective agencies and partner organisations need to work together, and, be prepared to take on the challenges that domestic violence and abuse creates¹.

Domestic abuse and safeguarding overlap and it is important that connections are made between both as understanding the definitions of each will inform how the victim is supported.

Current estimates of domestic abuse:

- Each year around 2.1m people suffer some form of domestic abuse - 1.4 million women (8.5% of the population) and 700,000 men (4.5% of the population)
- Each year more than 100,000 people in the UK are at high and imminent risk of being murdered or seriously injured as a result of domestic abuse
- Women are much more likely than men to be the victims of high risk or severe domestic abuse
- In 2017-18 the police recorded 985,000 domestic abuse incidents in England and Wales
- Seven women a month are killed by a current or former partner in England and Wales
- 130,000 children live in homes where there is high-risk domestic abuse
- 62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others

- On average high-risk victims live with domestic abuse for 2.6 years before getting help
- 85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse

Definition of domestic abuse:

The official Government definition of domestic violence and abuse is:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse.

- *Psychological;*
- *Physical;*
- *Sexual;*
- *Financial;*
- *Emotional.’*
- *Economic abuse’*

As part of this definition, children will be explicitly recognised as victims if they see, hear or otherwise experience the effects of abuse;

This definition is now under review to be a legal definition since the domestic abuse bill 2020 in line with the domestic abuse Act 2021 and includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance, escape and regulating their everyday behaviour

Section 3 of the Domestic Abuse Act 2021 came into force on 31 January 2022 and specifically provides that a child (under 18 years old) who sees, hears, or experiences the effects of domestic abuse and is related to the victim or the suspect is also to be regarded as a victim.

The guidance also includes links to the non-fatal strangulation and non-fatal suffocation guidance following the introduction of new legislation in June which created stand-alone offences.

Coercive behaviour

This is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. Some examples include:

- Victims are made to account for their time, or have restrictions on access to money and/or their movements
- Preventing victim from accessing medication or accessing care (especially relevant for those with disabilities)
- Threats of suicide/homicide/familicide
- Using children to control partner
- Constant criticism of victims role as a partner, spouse or parent

Introduction

Salford city council and the safeguarding partnership is passionate about supporting practitioners to deliver an effective and consistent response to victims of domestic abuse and their children. In July 2019, Salford City Council, Community Safety Partnership completed a domestic abuse needs analysis.

Through the needs analysis it was decided that social care would review its response to domestic abuse internally, reviewing processes and effective procedures. The main aims of the changes within our approach to responding to domestic abuse are to ensure:

- Victims are not held responsible for the domestic abuse they are subjected to and are offer sufficient support.
- Perpetrators when possible, are held accountable for their actions and offered a platform for change
- Children who have witnessed, been within an intimate relationship or display abusive behaviours within a domestically abuse relationship will be offered specialist support.
- A trauma informed approach will be taken through our identification and response to conflict and domestic abuse.

In response to this the Domestic abuse practitioners pack was created to provide practical forms and guidance based on the key principles of effective safety planning and risk management. Importantly, the resources provided are recognised by Safe-lives and RESPECT, who are the lead nationally in relation to Domestic Abuse victims and perpetrator provision.

Specifically, this pack will help you to:

- Clarify your response in the first instance when dealing with conflict or domestic abuse.
- Complete a clear safety plan which is accessible, efficient, transparent and person centred
- Complete an informed risk assessment through the use of effective assessment tools.

The pack incorporates materials and training messages from Safe Lives and Respect and will be implemented as part of a training package open and available to Salford council practitioners and partners.

To find out more about these services please visit their website: www.safelives.org.uk or respect.uk.net

Who is this document for?

This is a paper-based practitioner pack for you to use in day-to-day work with children and families- all the tools and guidance will also be available via the Safeguarding Partnership, members only resource page.

This document is for social workers and multi agency practitioners. Roles and responsibilities will be stated throughout the documents; however it is a multi agency responsibility to be familiar with the context of this guidance and to support the identification and response to domestic abuse as a whole system.

Its aims:

- To support decision making regarding what the right support, at the right time is for a child and family (utilising the SSCP threshold document and professional judgement).
- The step by step process to follow when dealing with conflict and domestic abuse.
- The core components of practice when supporting a victim or perpetrator of abuse.
- Guidance on which tools to support professional judgement can be used and when, ensuring that risk is dynamically assessed and reviewed.
- Introduce the victims Safe-lives DASH, severity of abuse grid and safety planning tool.
- Introduce the Respect perpetrator DASH, an inventory of controlling behaviours, de-escalation and control log.
- Guidance on how to use each form, how to embed it into your practice and how it relates to other parts of your role.

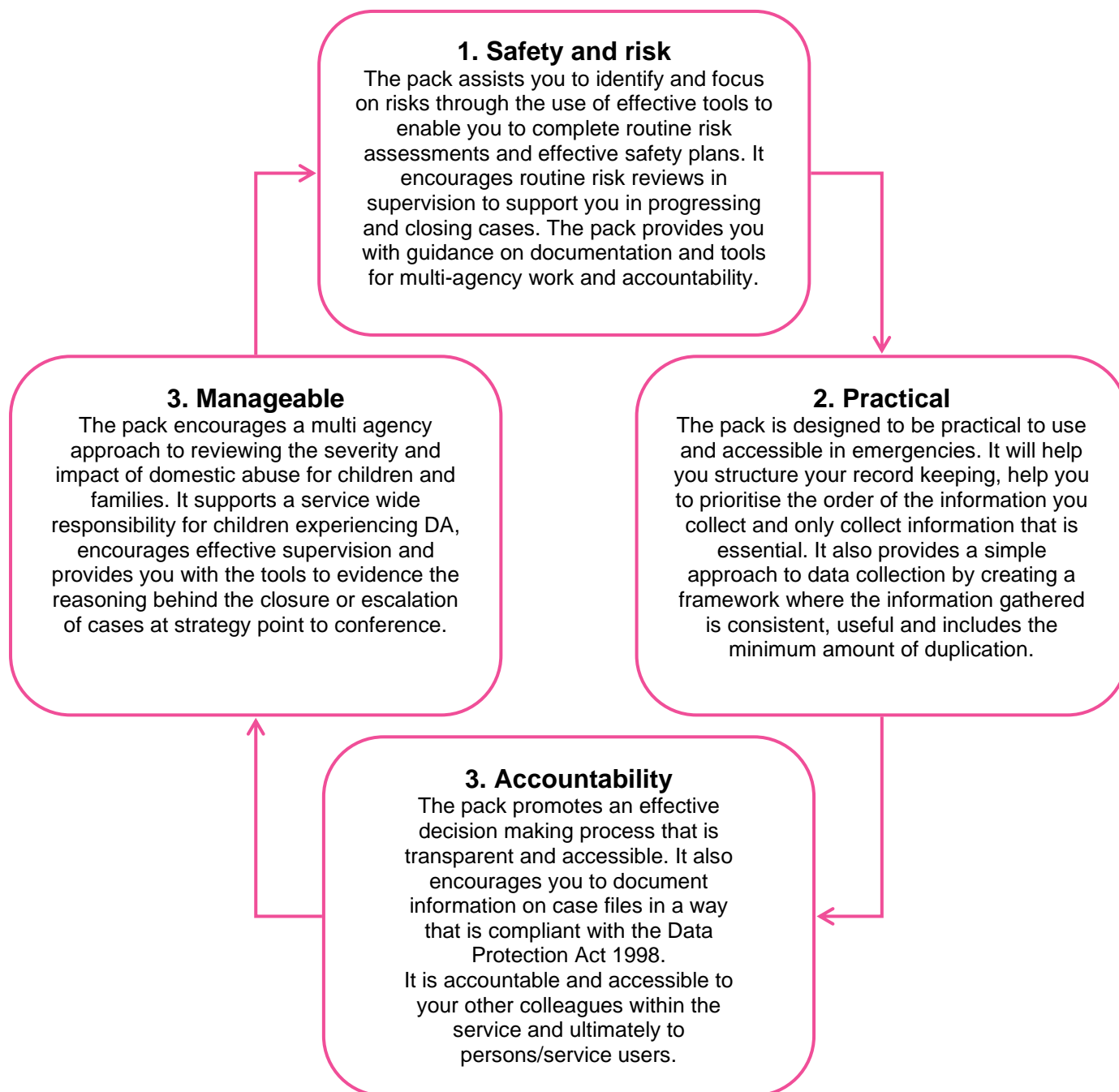
- Pull-out aide memoires for use in your day-to-day practice.

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[Foundation for Effective Practice](#)

The Domestic Abuse practitioners pack has been created using four basic rules to ensure that each form created:

1. Supports practitioners to focus on **safety and risk**.
2. Is **practical** and useful.
3. Encourages **accountability** within the service and with person/s.

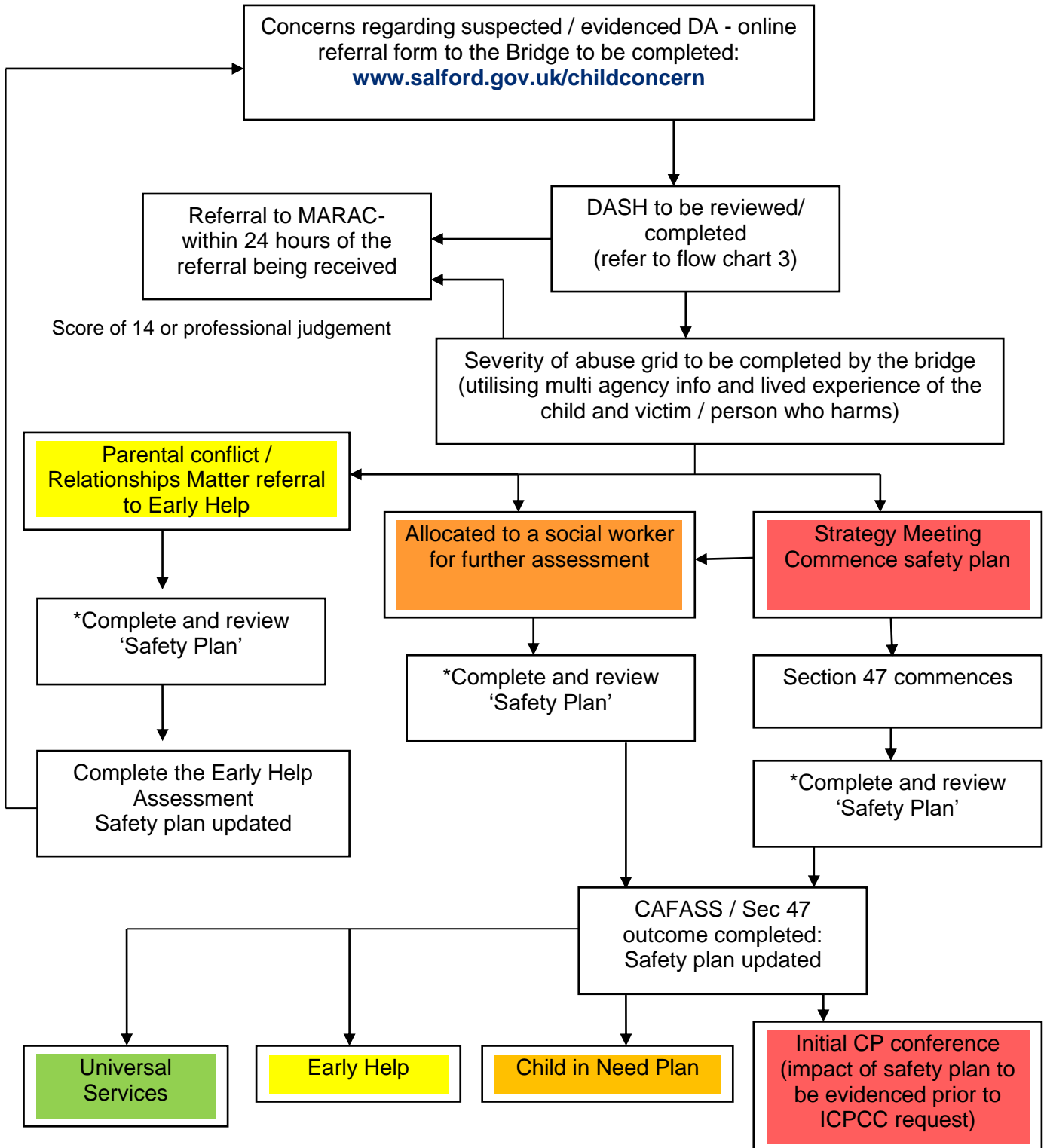
4. Assists the service and practitioners to **manage Domestic Abuse affectively**.



Salford DA Pathway (flowchart 1)

The below pathways should utilise professional judgement and curiosity throughout and is aimed to guide and support the application of the right support and approach for children and families, at the right time. *Flow chart 1 and 2* describe internal process

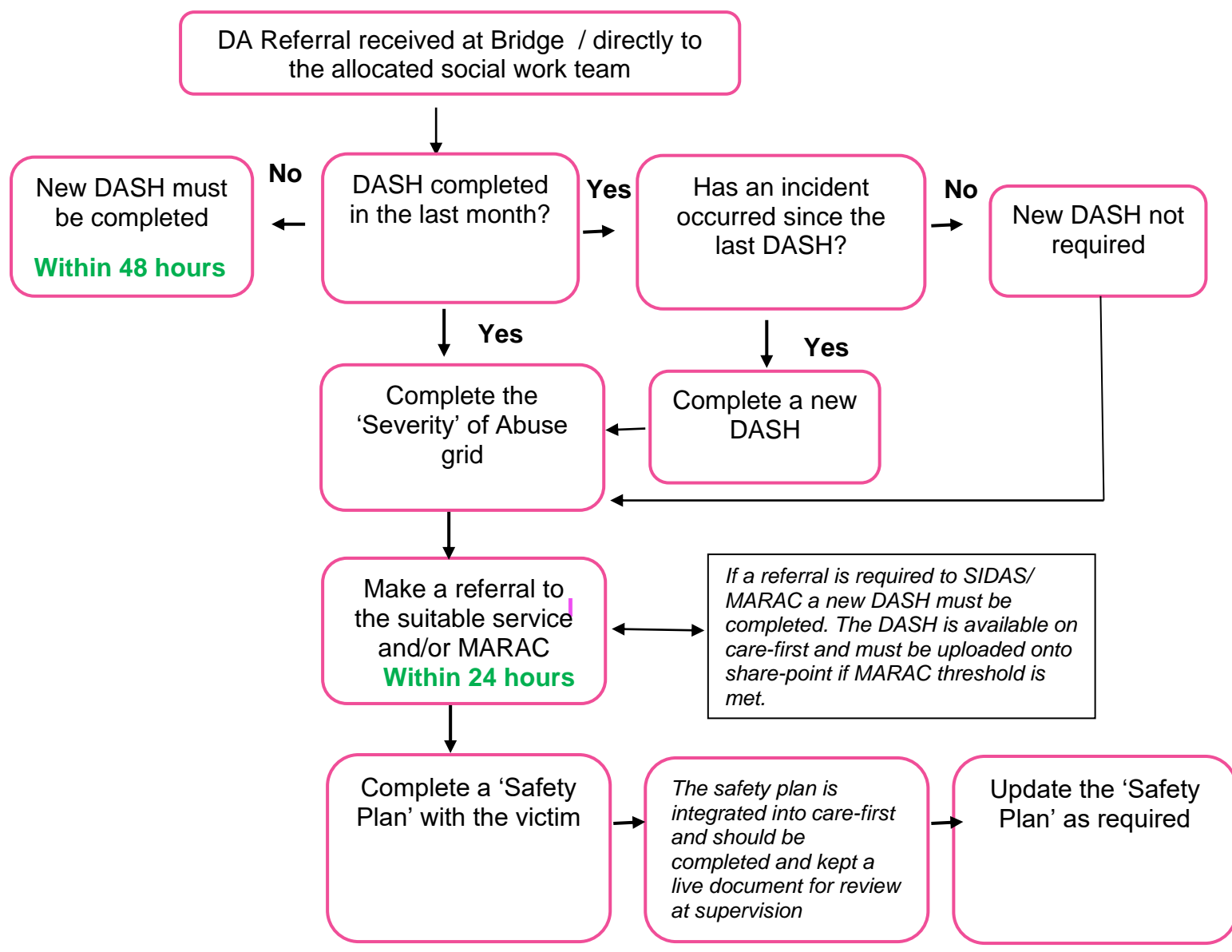
expected when dealing with a DA case. *Flow chart 3 and 4* describe the tools to be used when supporting victim sand perpetrators.



When a new incident/information is shared re risk, the DASH and severity of abuse grid should be reviewed and updated.

***Where Safe in salford are supporting the victim a safety plan will be in place. Please contact safe in salford via info@safeinsalford and request with victim consent for the safety plan to be shared with yourself**

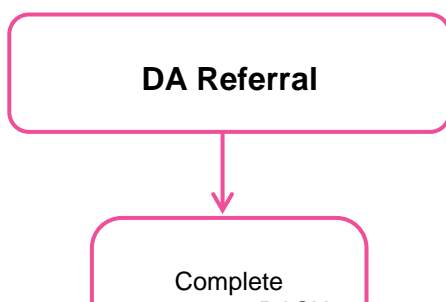
Supporting victim of Domestic Abuse

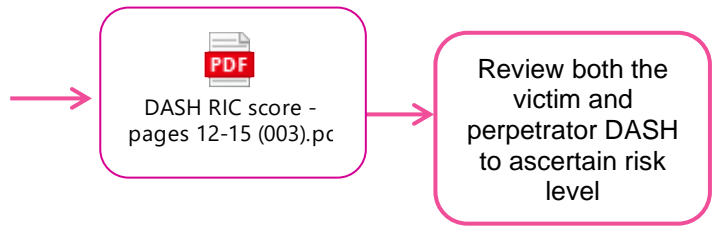


When a new incident/information is shared re risk, the DASH and severity of abuse grid should be reviewed and updated.

***Where SIDAS are supporting the victim a safety plan will be in place**
Assessing known / suspected perpetrators of abuse

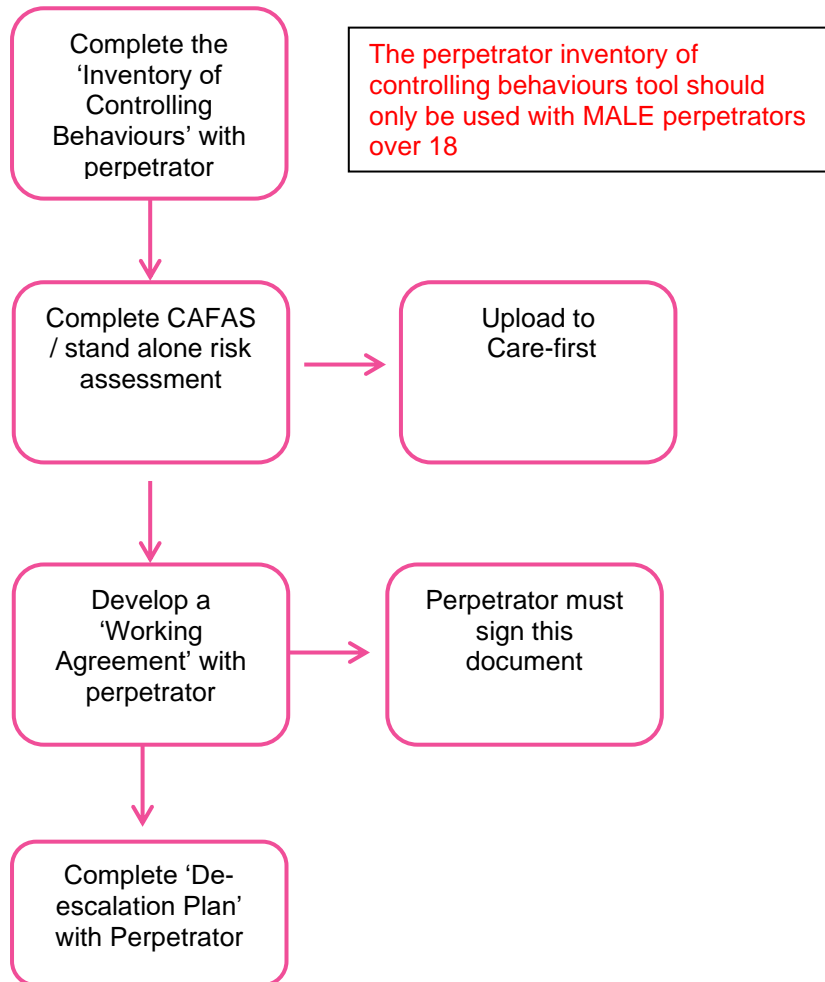
Please ensure all resources used are uploaded onto documentum





Ensure staff safety is risk assessed throughout.

Joint visits with the police and / or specialised DA workers should take place to support safe practice.



Below is the process in written text for guidance to support the flow charts above

Please note: On induction staff will be supported by management to complete a DASH (risk assessment) for victims and perpetrators of domestic abuse, the severity of abuse grid, safety plan, inventory of controlling behaviours and de-escalation tool. This training should be completed before any domestic abuse cases are allocated and evidenced via a signed declaration of completion. Within probation, new staff are expected to have completed the formal in-depth DASH training provided by the adult victim's provision in their probation period.

- The Bridge are required to complete a DASH with the victim to review risk at the first instance. If a DASH was currently completed within the last 48 hours, they are not expected to complete another unless a recent incidents occurred which should always result in a new DASH being completed. *The severity of abuse grid* should **always** be completed. This is a mandatory requirement. If there is a need for a referral into the victim's service a DASH must be completed. This alongside a referral form should be sent to referrals@safeinsalford.org.uk
- Dependant on the score of the DASH (14) or professional judgement the practitioner must make a required referral to the suitable service or MARAC. The DASH is available on care-first and must be uploaded onto share-point if MARAC threshold is met. To ensure this case is heard at MARAC please send the MARAC referral form and DASH to CSMARAC@salford.gov.uk
- DAT are required to complete/ start an initial *Safety plan* with the victim ASAP. The safety plan is accessible on Liquid Logic. The purpose of completing this safety plan at the earliest stance, is to ensure it's presented at conference for multi-agency review. The level of completion, depends on the time scale available and the practitioner's ability to engage the family. This safety plan will be reviewed at supervision by management and is a live document implemented into management case notes on Liquid logic.
- This safety plan **belongs to the victim/ survivor** and will support them through the internal service pathway. It will be added to additionally by allocated social workers, early help practitioners or outreach teams assigned to support the family. Safety plans must **always** be reviewed if an additional incident occurs. The safety plan must be presented along with the report to case conferences and evidenced to have multi-agency input. The safety plan must be reviewed at strategy meetings prior to conference. Updates and additional concerns DA related that are raised at conferences should be updated in the safety plan ASAP with the victim and should take immediate effect.

*The safety plan on care-first has a grab and drop option, this is to ensure that when a case is closed and passed across to another worker, the literature from the safety plan can be copied and pasted across into a new safety plan which the new allocated worker opens. This is for consistency and accurate overview of safety plan completed prior to allocation

- Practitioners allocated the case, should meet with the person who harms if appropriate and complete the perpetrator *DASH*. This will enable them to have a clearer understanding on how the perpetrator understands the risk they presents to the victim. Training should also be provided on completing the perpetrator DASH and particular detail should be given to the third page in which the social worker is required to review the victims DASH and the perpetrators DASH and conclude thoughts on risk level. The perpetrator DASH should ONLY be completed if the perpetrator is aware of our knowledge of DA via a partnership agency or self disclosure. Don't forget to upload this document on liquid logic under case notes
- Practitioners should then complete the *inventory of controlling behaviours* with perpetrators who are **male** and **over 18**. This will enable them to effectively review levels of abuse and specific types of abuse being perpetrated to allow them effectively complete a risk assessment. **If the 'young person who harms' is under 18, a referral should be made to harbour to gain support from the engagement worker who will support with intimidate partner violence, adolescent domestic violence and peer on peer violence.** Don't forget to upload this document onto case notes on liquid logic
- An overall risk assessment should be completed incorporating all the findings in relation to domestic abuse. This **MUST** be uploaded onto Liquid Logic and should be brought to case conference and reviewed by management.
- A working agreement should be developed with the perpetrator and they will be expected to sign this with expectations in relation to behaviour, engagement and contact. **Remember a working agreement should NEVER be completed with a victim**
- A de-escalation plan must be completed with the perpetrator and evidenced and reviewed at supervision in relation to safety first. **Don't forget to upload this document onto case notes on Liquid logic**
- **History of the case must be explored when completing the safety plan. Please utilise the ACEs tool.**

Domestic Abuse Offer and Resources

Consultation with our domestic abuse lead

Consultations for support with families experiencing domestic abuse are available with our domestic abuse children's service lead Claire Baddley via emailing Claire.baddley@salford.gov.uk.

Before consolation, it's advised discussion with your line manager must have taken place, review of the Domestic Abuse practitioner's guidance and a brief overview of the issues face must be prepared.

Consultations can be 121 or within supervision or case management meetings.

If required, the domestic abuse lead may attend professional meetings/ conferences if book in advanced with prior involvement/ history of the case.

Every Monday the DA lead has designated time to support consultations for DA cases, this can be secured via emailing Claire.baddley@salford.gov.uk

** if a consultation is needed sooner please still make contact and this can be arranged**

DA champions –

You have a DA champion in most of your teams who has access specific safe lives DA training to ensure they are equipped to offer support and guidance when required on DA cases. The champion should update you on training, legislation changes and all related matters in regard to DA, they should have a regular presence on your team meetings. If you don't know who your DA champion is or feel your team now doesn't have one, please let your line manager know.

Operation Encompass

Operation Encompass is a partnership between police and schools, one of the principles of Operation Encompass is that all incidents of domestic abuse are shared with schools, not just those where an offence can be identified. This aim is to support children and young people and ensure the rights supports are in place at the right time. For more detail please follow the below link:

<https://www.operationencompass.org/school-participation>

In Salford, the police send notifications to all schools and early years settings.

How does it work in practice for the police?

The Officer attends a DA call out, they complete a DASH for every call out

The DASH indicates level of risk.

The Police DA Team pick these up and review.

The DA Team refer High, Medium and standard risk to the Bridge, therefore the OP Encompass Notification go to the Bridge and early year/school setting. The operation encompass notification does not state if a Bridge referral has been made as this is a separate process.

A referral will be made to Bridge by the police DA Team based on one of the following criteria;

- A crime has been submitted and a child was present at/normally resides at the address.
- This incident is the 3rd reported incident in the last 12 months. With child link whether present or not
- It is a child caller to the Police Emergency Services.
- When either the victim or perpetrator is known to be pregnant.
- When there is a Child Abuse Marker (CA) on the address. Whether child present or not
- The incident involves a perpetrator subject to licence or Community Order for DA offences
- If previous incidents were referred to the Bridge Partnership – even if the Police Officer did not consider that any of the above were met.

Whereby the above criteria is not met the operation encompass referral still goes to the early years/schools setting. The school is supported by the early help schools coordinators and children's DA services where needed and an early help assessment will progress when required and as standard if it is the third time a notification has been received.

For more information please contact Amanda Taylor, schools early help coordinator.

Early Help

Early help works with children and families at level 2, who do not have an allocated social worker, and whereby additional needs and supports have been identified that cannot be met within universal services.

The Early Help service works with families where parental and family conflict is present. This will be assessed utilising the tools within this guidance.

There maybe occasions where families have stepped down from children's social care and the remaining needs of the family can be supported through early help services. Again, this decision making will take place following an updated assessment that evidences that threshold of need has decreased. Early help will support and complete work with victims and children in relation to domestic abuse who are deemed standard risk. Early help will not work with perpetrators of domestic abuse on an intervention stance but will support in gaining the perpetrators input in relation to their child if safe to do so.

The parental conflict offer is highlighted below. This is the service offer provided by early help. They do not work with families impacted by domestic abuse

Supporting healthy parent and child relationships

Parenting is a challenge for all families. We aim to support parents before difficulties arise.

We want to increase the confidence and capacity of all families to;

- develop strong relationships with their children.
- to have realistic expectations and to deal with behavioural issues as they arise.

Relationships are the foundation of families. At its best, parenting is about love, kindness and caring.

Supporting healthy parent/adult relationships

Conflict in families is normal. When conflict becomes a problem, it is frequent, intense and poorly resolved.

Unhealthy conflict can impact children in later life. Increasing the likelihood of mental health problems, health issues, educational achievement. Children can go on to have struggles in their own relationships.

We can argue better making everyone in a family happier. The interventions offer support to parents to improve communication and negotiate disagreements by developing skills and making conflict healthier.

Supporting families to stay together

Building relationships is key to the success of Strengthening Families. Parents can have multiple adverse experiences from their own childhood and present as adults with complex needs, often responding to professionals and services with hostility and aggression.

Seeing past these behaviours is key to building engagement. We work hard to develop a positive relationship with parents. Assertive outreach is critical. It shows parents from the start that our team are empathetic and caring and won't give up.

We focus on empowering parents so they can learn and reflect on their experiences.

Supporting families to explore and build on their strengths and resources

We help families to identify support from within their family and friends network. Supporting family members to bring together their ideas and offer to overcome challenges to create their own family plan.

Family, peer and community relationships

Building on sustainable community support and relationships with peers. We will harness the talent of parents, carers and young people with lived experience to help one another.

Supporting Healthy Relationships

If you are unsure if your family are suitable for early help parental conflict intervention the scaling tool below is provided to support you in identifying if they are suitable or not

Who is it for?

- Families who have been through proceedings and had at least one child removed from their care.
- Pregnant families, who may not necessarily have been through care proceedings before, but are in vulnerable situations or environments (such as children in care, care leavers, women with learning difficulties and fathers with mental health problems.)

What are the pathways?

- Post proceedings** early intervention and prevention.
- Pre-birth pregnancy support** and preparation for social work assessment (pre 20 weeks)
- Post birth family support** through to school readiness.

Aims of the Salford Model

- Safeguarding babies pre and post birth, and reducing the removal of babies from birth families.
- Improving protection for babies by helping mothers and fathers become better parents through a dedicated parenting offer.
- Improving resilience for families by facilitating and brokering access to services (some local and others regional).
- Improving relationships between mothers and fathers and their babies.
- Reducing the time spent in care.
- Harnessing families' motivation to change and sustain this through to when they access universal services

Supporting Families to Stay Together
Strengthening Families

When looking at the risk towards a child in the context of domestic abuse, it is vital that the lived experience of the child, victim and perpetrator are fully explored and assessed to inform what the right support is at that time.

The importance of safety planning and holding the perpetrator accountable for their harmful behaviour cannot be underestimated.

Within CIN it is expected that the assessment, completion and review of the safety plan informs threshold application. This will help understand the drivers to the presenting risk and how able the primary care giver is to safeguard the child, in the context of a holistic multi agency support plan. Victims of domestic abuse are often suffering from trauma and this must be considered within our approach to assessment, planning and intervention.

It is expected that an ecogram is completed, and the family, friends and community support is swiftly pulled together to support the victim in safeguarding the child/ren. The role of the family and friends' network should be considered at the earliest opportunity, in order to ensure all the strengths and protective factors for the family are explored and utilised. A family network meeting can take place and a family group conference referral made.

Initiating and Initial Child Protection Conference

The welfare of the child remains paramount throughout the identification and response to domestic abuse. The impact of domestic abuse upon the child should always be the **first consideration** of the person/professional involved.

If the parent / carer is unable to keep the child safe, immediate action should be considered through a multi agency strategy meeting. The strategy meeting will undertake its statutory functions as set out in Working together to Safeguarding Children (2018).

Additionally, the strategy meeting should make explicit roles and responsibilities in the safety plan for the victim and child and how the responsibility of the perpetrator will be fully acknowledged and made accountable through multi agency planning and intervention. Please refer to flow chart 4 for detail of the assessment of perpetrators.

The impact of progressing to a child protection conference should be fully considered in the context of the child and victims lived experienced, adverse childhood experiences and in the full context of the impact of the safety planning that has been put into place. This should be evidenced within a child and family assessment.

It is important to understand that the victim is likely to be experiencing the impact of trauma and abuse themselves and therefore the safety plan should reflect the appropriate level of support and actions from all agencies, family and friends, in order to keep the child and victim safe from harm.

Utilising the tools within this guidance, alongside Salford Multi agency risk assessment tools, including the capacity to change assessment tool will support decision making that is holistic and centred on how we can best work WITH families.

What else do I need to consider?

Active professional curiosity and communication. This must take place with first point of referral in the bridge, DAT to allocation stage. Documents completed must be uploaded onto liquid logic-

Victims tools are already present on LL under documents

Perpetrator tools are on the DA toolkit and must be uploaded using the drop down tab on case notes .

REMEMBER- if its not documented its not happened!

Outreach

In respect of threshold, the outreach service offer support to domestic abuse cases at CP. They will work with victims and perpetrators at all spectrum of risk level. *Cases open to **probation** would have work completed by the allocated worker in respect of domestic abuse. The clear pathway for specialist DA support is highlighted in the service offer through the commission service ' Safe in Salford' this service should be referred into has a priority with consent.*

Safe in Salford is the domestic abuse commission service. The service is a lead provider model commissioned by the partnership. The service is a partnership between 4 GM charities

- Salford foundation
- Trafford domestic abuse service
- Talk listen change
- Manchester women's aid

The service are broken down into service sections below to support your understanding of what each service delivers

Referral to the service is through ' 1 front door' via the email address referrals@safeinsalford.org.uk. All information on referral forms and literature is present on the Salford DA toolkit and Salford foundation website

Salford's Childrens DA provision: Harbour (part of safe in salford)

Salford Council have a new integrated trauma informed young people's domestic abuse provision. This provision is accessible via a referral form that can be found within the appendix of this document. The service supports 5-18 year olds from Salford who are current or historic victims of domestic abuse or use abusive behaviours in the form of intimate partner violence, adolescent domestic violence or peer on peer violence.

<https://safeguardingchildren.salford.gov.uk/datoolkit> please look at the resource tool kit under **children's services** for all literature on all aspects for this provision with referral form.

The referral process is simple and the provision offer is high-light at the front of the referral form. You are able to refer into the below services/ professionals for support.

- Integrated specialist YP domestic abuse workers,
- Specialist counselling service for children and young people
- Domestic abuse trauma informed worker (5- 11 year olds)
- Domestic abuse children's group facilitator/ school liaison worker
- Engagement worker (young person who displays harmful behaviour in intimate relationships and with family members.)
- Specialist victim with child support worker.
 - Specialist early years workers supporting 0-5 alongside family and professionals

Below is a brief breakdown of the roles of the workers and provision offer.

- Integrated YDVA. These two integrated domestic abuse workers will support young people who are either currently in a domestic abuse relationship or have been victim to witnessing domestic abuse incidents. You will find them located at Unity house and Sutherland. These workers will be split between early help and also the outreach teams for advice and guidance on cases relating to children. They will lead on attending multi agency meetings and supporting in the development of constructive safety plans for children and families within social care. This service is available for external services to refer into
- Engagement worker (specialist young people who harm worker). This role will support and offer guidance on cases involving young people who use force in intimate relationships and young people who harm family members. This worker will offer a specific service to 11-18 year old male and females. Young people who harm groups are now also being offered and can be referred to via the Harbour referral form
- Domestic abuse trauma informed children's worker. This worker engages with 5-11 year old children offering trauma informed support in relation to domestic abuse through therapeutic interventions. The post will be community based/ outreach focused offering 121 support to young people affected by domestic abuse.
- Domestic abuse children's group facilitator/ school liaison worker. This roles primal purpose is to facilitate groups for young people to access. The role supports schools, community centres, drop in's and runs specific groups for social care in relation to domestic abuse. This worker will be responsible for liaising with LGBT, BME and additional hard to reach groups to imbed inclusion and ensure equality and diversity. To refer a young person age 5-16 onto a 6 week programme please use the referral form provided.
- Victim with child support worker. This role is in place to support victims who have children and are known to social care. The purpose of the role will be to engage parents and support with safety planning, risk assessments and offer advice and guidance to social workers in relation to supporting cases at CP

level at point of separation. In addition, referrals will be taken to support the relationship of victim and child after the perpetrators left the property.

- Package of provision for counselling. Young people who have witness or experienced domestic abuse will be able to access this provision for free counselling support. The counsellors will take referrals through recommendation/ screening and the YDVA workers will also liaise with local schools in response to operation encompass in regards to this offer.

Domestic abuse perpetrator interventions will be developed and implemented in the next 3-6 months, and the guidance will be updated to reflect this.

Safe in salford (adult victim/ survivor services)

This adult service supports standard, medium and high risk cases of domestic abuse.

This service supports male and female victims

This service will work with victims irrelevant of relationship status.

Safeinsalford provide support, emergency safety planning and advocacy to domestic abuse victim across Salford. This includes:

- Survivors age 16 and above
- Men and women
- All DASH risk levels
- Survivors in need of a refuge
- Those experiencing honour based violence and forced marriage
- Survivors who choose not to report to the police

We can help them with the following:

- Support over the telephone or face to face in a safe place
- Initial crisis support, providing information and options
- Assess the level of risk they are facing and create a safety plan
- Advocate on their behalf with other agencies, such as police, children's services, housing, and more.
 - Emotional support and empowerment / resilience
- Referrals for safe accommodation in our refuges (please note that places can depend on availability)
- Support with going to court, attending trials and court results
- Access to our in-house solicitor, specialising in Protective Orders and child contact issues

To make a referral into this provision please complete a DASH form and send it to referral@safeinsalford.org.uk

For further information please visit; [**www.safeinsalford**](http://www.safeinsalford).

<https://safeguardingchildren.salford.gov.uk/datoolkit>

Please look at the domestic abuse resource tool kit under '*Victims*' services to find all supporting literature on the adult victims services.

Salford TLC perpetrator provision. (part of safe in salford)

Salford now has intervention for perpetrators of domestic abuse offering a platform for change in the form of group delivery and 121 support.

The model of delivery is broken down into 4 sections;

- Strive – volunteer led sign posting service (advice and guidance)
- Strive for change – *standard risk* early intervention sessions 121 over 6 sessions
- Bridge to change – *medium risk* 6-9 months group delivery intervention RESPECT programme
- DRIVE – *high risk* case management intervention for repeat offenders referred to MARAC

The service supports Male and female perpetrators and also provides specialist provision for LGBTQ and the BME community.

Referral into service is via the 'Bridge for change' referral form which can be found on the resource tool kit. <https://safeguardingchildren.salford.gov.uk/datoolkit>
Consultation on suitability of referral can be supported through the domestic abuse lead Claire Baddley or your line manager if desired.

IRIS (specialist DA service working with local GPs) is also present with Salford offering support for victims who present at their local GP

The local GP will make a referral on behalf of the victim/ survivor when they present and are identified to need support

Salford GMP Domestic Abuse Team

Salford's domestic abuse team is to triage domestic abuse incidents as they come in. In relation to standard risk we simply send the child referral. For all med/ high risk jobs we complete all safeguarding and referrals including MARAC and child referrals. We do not deal with prisoners, investigate crimes, nor do we do op encompass referrals. This is the responsibility of the attending officer and they have a set criteria to follow, i.e. it must be sent before they go off duty.

In terms of the criteria for referring domestic abuse incidents into children's services, it is as below:

1. Victim/perp pregnant – any incident
2. 3rd ppi in the last 12 months with the child linked, regardless of whether the child was present or not. (previous incidents should be sent as history)
3. Any incident with a child caller
4. c/a marker on address- whether child is present or not
if incident involves a perp on licence or community order for DA offences

The domestic abuse team can be contacted in relation to the outcome of a DVPN/ DVPO request. A DVPN stands for a domestic violence protection notification which can be applied for by the police in cases when they feel risk is increased and the victim and perpetrator need space apart. If granted, it becomes a DVPO (Domestic violence protection order) This order can last for 28 days and is monitored by the police with regular unannounced visits to the property to ensure the perpetrator isn't present.

Manchester Survivors

0161 236 2182 <https://www.survivorsmanchester.org.uk/>

Survivors Manchester, a survivor focused voluntary sector organisation that aims to create and facilitate safe spaces for male (including trans and non-binary individuals) survivors of sexual abuse, rape and sexual exploitation across Greater Manchester providing to access quality assured support.

Their work is focused on developing ways for individuals to empower themselves to work through personal and sometimes painful issues, guided and supported by our trauma-informed team, following the trauma and recovery model.

Salford Youth Justice Service

Domestic Abuse/Violence Intervention

The aim of the Youth Justice Service to prevent offending and re-offending of children and young people aged between 10yrs and 18yrs. The service works with young people and their families on voluntary befriending and diversion programmes, those subject to a Police imposed Out of Court Order or a community or custodial sentence imposed by Court Order.

What we offer?

Peer on Peer Domestic Abuse & Violence

- **Respect Programme** – The Respect programme provides individualised sessions for young people depending on age, gender and needs and if in agreement those who have been harmed.
- **Safe and Healthy Relationships**- This can be delivered in a group or 1-1 sessions. It includes videos to assist young people to understand domestic abuse and safety planning.

Adolescent to Parent Abuse & Violence

- **Step Up programme** – a 6 session programme delivered to both the young person and parent/carer. Two YJS workers are allocated workers - one to complete the sessions with the parent/carer and the other to complete the

sessions with the young person. The final session brings all parties together to plan a way forward to a safer future.

- **Restorative Justice** – work with families around the harm/hurt that is being caused and brings families together to look at how the harm can be repaired and plan a way forward.
- **My Booklet** –it's a booklet that the young person works through and gives them an opportunity to explore their personal experiences of domestic abuse, defining what it is, how it can affect those involved and how they can move on.

[How to make a Diversion referral](#)

If you wish to discuss a referral please contact:

Grpsalford-yot@salford.gov.uk.cjism.net

or call:

0161-607-1900 and ask to speak to an Operational Manager:

- Katie Bottomley
- James Cooke
- Pauline Copeland
- Dave Rankine

Clare's law - domestic violence disclosure

Clare's Law is the Domestic Violence Disclosure Scheme. It's named after Clare Wood, who was murdered in 2009 by her ex-boyfriend who had a history of violence against women.

The scheme allows you to ask us about the information we hold on a person in relation to domestic abuse offences and convictions. Disclosures provide you with domestic abuse information we hold on an individual. If our checks show that the individual has a record of violent behaviour or something that may put you at risk of harm, we will consider sharing this with you.

Domestic abuse or violence disclosure guidance

Disclosures will only be given to the person best placed to protect the potential victim and who needs to know the details to keep them safe. For example, if you are a third party applicant who is worried about the safety of someone else, you may not be the best person to receive the information.

Officers always aim to keep the confidentiality of the applicant. We plan all disclosures to minimise the risk of harm to those concerned. If you receive a disclosure, it should also be treated as confidential.

If information is disclosed to you, it must be understood that it's only being given to you so that you can protect yourself, or someone you know. For safety purposes, we ask you not to share the information unless an officer has agreed for you to do so.

You can use disclosures to;

- keep yourself safe
- keep children and those involved safe

- ask what support is available
- ask for advice on how to keep yourself safe.

Apply for domestic disclosure information

Domestic abuse or violence disclosure applications can be made by;

- calling 101
- visiting your local police station
- by speaking to one of our officers on the street.

You can apply for information about your own partner or as a third party if you are worried about the safety of someone you know.

If you are a third party applicant, you must have some sort of relationship with the potential victim, such as sibling, parent, friend, work colleague or neighbour. You must be able to provide details of the person who is potentially at risk of harm and the person who is thought to cause the risk.

Sanctuary- Salford Council and Victim Support Service

The Salford Sanctuary Scheme is a project for people who are experiencing, or have experienced, domestic abuse and are likely to become homeless because of it.

The scheme helps people to stay in their home and feel safer by adding security measures to their property.

The security measures the scheme can add to your home including:

- locks on windows and doors
- window grilles
- gates
- anti-arson letterboxes
- panic alarm

To refer please access the Salford city council website, whereby the referral form can be accessed:

<https://www.salford.gov.uk/housing/housing-advice-and-support/when-things-go-wrong/domestic-abuse/>

MARAC

A MARAC (multi- agency risk assessment conference) is a weekly meeting to discuss how to support domestic abuse victims at high risk of murder or serious harm. A domestic abuse specialist (IDVA), police, children's social services, health and other

relevant agencies all sit around the same table. They talk about the victim, the family and perpetrator, and share information. The meeting is confidential.

Together, the meeting writes an action plan for each victim. They work best when everyone involved understands their roles and the right processes to follow. We call these meetings Maracs, but they are also referred to as a multi-agency risk assessment conference.

Within this document is the MARAC referral form and guidance on how to complete it and its purpose

The outcome of MARAC should be incorporated into the multi-agency planning from the child/ren to measure impact for the child and to meaningfully inform and coordinate multi agency safety planning. A close working relationship with SIDASS is required to achieve this.

******Salford's Domestic Abuse Tool kit**

<https://safeguardingchildren.salford.gov.uk/datoolkit>

This tool kit is designed to enable practitioners to find all the domestic abuse related resources they may require in one place. **All the safe-lives and Respect resources are uploaded onto the Salford council website through the link below.**

This website high-lights quality assured resources to use with children, victims and perpetrators of domestic abuse. Domestic abuse provision available to support victims, children and perpetrators is high-lighted here. Research and legislation are also available. The standard resource tools expected for quality assured practice by social care practitioners when supporting DA cases are high-lighted below.

The multi agency (fully inclusion of all the specialist DA services) assessment, planning and intervention of DA should utilise the below tool kit, alongside professional judgement:

- Safe Lives DASH for Victims
- SafeLives Severity of Abuse Grid
- Confidentiality and information sharing form
- Individualised Safety & Support Plan
- MARAC referral forms
- DA Case review form (to be utilised in supervision)
- Perpetrator working agreement template

- Inventory of controlling behaviours
- DASH for perpetrators (RIC)
- Young Persons DASH (RIC)
- De-escalation plans.
- Control logs

The toolkit is update regularly with training dates, advice and guidance, new legislation, research and updates on training resources

*******The DA toolkit explains how to obtain civil protection orders, apply for refuge, gain financial aid and also explore a ray of charity based services tat also offer support to victim survivors across the borough. Please familiarise yourself with the toolkit and all the support available as a priority *******

**IF you require any training on any of the tools, please access the DA training through Salford’s Safeguarding Childrens Partnership:
<https://safeguardingchildren.salford.gov.uk/professionals/multi-agency-training/>**

**Additionally you can contact our children’s services DA lead: Claire Baddley:
Claire.baddley@salford.gov.uk**Resource: Safe Lives DASH risk checklist****

We recommend that all domestic abuse practitioners should use:

1. The Checklist
2. The Severity of Abuse Grid (SOAG)

The SOAG is useful for capturing detailed information about the abuse the person is experiencing. Using both tools together will help you gather a more comprehensive picture of abuse and the specific risks your person is experiencing. See the section below for more information.

SafeLives has a variety of guidance on the Checklist and how to use it in practice for different professionals and in different languages here: www.safelives.org.uk.

When to use the Checklist

The Checklist should be completed at intake, and you should complete a new Checklist, regardless of whether a referring agency has completed one, as a person will normally disclose significantly more information to a specialist domestic abuse worker.

The Checklist is useful for gathering information about the specific risks in your person’s life so that you can offer the most appropriate support. It enables you to allocate resources, prioritise workloads, offer more appropriate responses and inform the Individualised Safety and Support Plans (ISSP).

Risk changes over time and you need to be aware of the changing levels of risk. It is important that risk is reviewed at regular intervals (at least every six to eight weeks), after a new incident, as part of formal reviews (see the case review form) and/or at case closure . This will help you refresh any ISSP in place, enable you to progress cases more appropriately and ensure a more robust and accountable decision-making process in relation to case closure.

What is the Severity of Abuse Grid (SOAG)?

The *Safety In Numbers* ¹ evaluation asked services to incorporate the SOAG to provide more subtle information about the abuse that the Checklist captures. It covers the nature or type of the abuse, how often the abuse takes place, how severe it is and whether it is escalating. The SOAG can be a useful tool to profile the person’s risk and abuse they are experiencing, and will allow you to chart, in a simple way, any change over time. If you use this tool to monitor risk, this should be completed at reviews and case closure so that information on the change in the person’s situation can be documented and then translated into a revised ISSP.

What else do I need to consider?

Do I have a Confidentiality & Information Sharing Agreement so that I can introduce the Checklist within this framework?

SafeLives Dash risk checklist for use by IDVAs and other non-police agencies² for MARAC case identification when domestic abuse, ‘honour’-based violence and/or stalking are disclosed.

<p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.</p> <p>Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.</p> <p>It is assumed that your main source of information is the victim. If this is <u>not the case</u>, please indicate in the right hand column</p>	YES	NO	DON' T KNOW	State source of info if not the victim (eg police officer)
<p>1. Has the current incident resulted in injury? Please state what and whether this is the first injury.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2. Are you very frightened? Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Howarth, E., Stimpson, L., Barran, D. & Robinson, A., (2009). Safety in Numbers: A Multi-site Evaluation of Independent Domestic Violence Advisor Services (London: The Hestia Fund, The Sigrid Rausing Trust & The Henry Smith Charity)

² This checklist is consistent with the Association of Chief Police Officers (ACPO) endorsed risk assessment model DASH 2009 for the police service.

<p>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:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>4. Do you feel isolated from family/friends? I.e, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>5. Are you feeling depressed or having suicidal thoughts?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>6. Have you separated or tried to separate from [name of abuser(s)] within the past year?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>7. Is there conflict over child contact?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>9. Are you pregnant or have you recently had a baby (within the last 18 months)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>10. Is the abuse happening more often?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>11. Is the abuse getting worse?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous? For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>13. Has [name of abuser(s)] ever used weapons or objects to hurt you?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>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"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.</p>	YES	NO	DON'T	State source of info if not the victim

<p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>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:</p> <p><i>Children</i> <input type="checkbox"/></p> <p><i>Another family member</i> <input type="checkbox"/></p> <p><i>Someone from a previous relationship</i> <input type="checkbox"/></p> <p><i>Other (please specify)</i> <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>19. Has [name of abuser(s)] ever mistreated an animal or the family pet?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>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?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>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.</p> <p><i>Drugs</i> <input type="checkbox"/></p> <p><i>Alcohol</i> <input type="checkbox"/></p> <p><i>Mental health</i> <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>22. Has [name of abuser(s)] ever threatened or attempted suicide?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>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.</p> <p><i>Bail conditions</i> <input type="checkbox"/></p> <p><i>Non Molestation/Occupation Order</i> <input type="checkbox"/></p> <p><i>Child contact arrangements</i> <input type="checkbox"/></p> <p><i>Forced Marriage Protection Order</i> <input type="checkbox"/></p> <p><i>Other</i> <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<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: <i>Domestic abuse</i> <input type="checkbox"/> <i>Sexual violence</i> <input type="checkbox"/> <i>Other violence</i> <input type="checkbox"/> <i>Other</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Total 'yes' responses			

For consideration by professional

Is there any other relevant information (from victim or professional) which may increase risk levels?			
Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, 'honour'- based systems, geographic isolation and minimisation. Are they willing to engage with your service? Describe.			
Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.			
What are the victim's greatest priorities to address their safety?			
Do you believe that there are reasonable grounds for referring this case to MARAC?		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
If yes, have you made a referral?		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Signed		Date	
Do you believe that there are risks facing the children in the family?		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
If yes, please confirm if you have made a referral to safeguard the children?	Yes <input type="checkbox"/> No <input type="checkbox"/>	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.

CAREFIRST DOCUMENT

[Resource: Severity of Abuse Grid³](#)

This Severity of Abuse Grid (SOAG) has been developed to be used with the Risk Identification Checklist. It gives you a framework within which you can identify specific features of the abuse suffered by your person and help you to address their safety in an informed and coherent way. It will also typically provide information that will be relevant for those cases going to MARAC.

To complete the SOAG, take the answers from the relevant questions on the checklist and then explore in more detail the severity of each category of abuse **currently suffered** and the escalation if it exists. Whether you are using it at the initial assessment or when reviewing risk, we recommend that the timeframe that should be applied for 'current' abuse is an incident within the last three months. Please note that each case is unique and you will have to use your professional judgement in relation to the information that you are given by your person. **The context in which these and similar behaviours occur is all important in identifying a level of severity.**

³ Grid and guidance reproduced with kind permission of the Hestia Fund.

If you answer 'yes' to any of the questions 'is the abuse occurring?' you must circle one answer for each of the boxes in the other three columns to identify the level of severity, the escalation in severity and in frequency.

Type of abuse	Is abuse occurring?	Severity of abuse	Escalation in severity (past 3 months)	Escalation in frequency (past 3 months)
Physical	Yes No Don't know Not answered	High Moderate Standard	Worse Unchanged Reduced	Worse Unchanged Reduced
Sexual	Yes No Don't know Not answered	High Moderate Standard	Worse Unchanged Reduced	Worse Unchanged Reduced
Stalking and harassment	Yes No Don't know Not answered	High Moderate Standard	Worse Unchanged Reduced	Worse Unchanged Reduced
Jealous and controlling behaviour / emotional abuse	Yes No Don't know Not answered	High Moderate Standard	Worse Unchanged Reduced	Worse Unchanged Reduced

Guidance on completing the Severity of Abuse Grid

Note: This guidance is designed to help you complete the SOAG above. Please note that each case is unique and you will have to use your professional judgement in relation to the information that you are given by your person.

The context in which these and similar behaviours occur is all important in identifying a level of severity. For example, the misuse of substances including alcohol may increase the level of risk faced by an individual. Similarly, the cultural context in which abuse takes place should inform your judgement as to the level of risk posed.

Physical abuse			
No	Standard	Moderate	High
Never, or not currently	Slapping, pushing; no injuries.	Slapping, pushing; lasting pain or mild, light bruising or shallow cuts.	Noticeable bruising, lacerations, pain, severe contusions, burns, broken bones, threats and attempts to kill partner, children, relatives or pets. Strangulation, holding under water or

			threat to use or use of weapons, loss of consciousness, head injury, internal injury, permanent injury, miscarriage.
Sexual abuse			
No	Standard	Moderate	High
Never, or not currently	Use of sexual insults.	Uses pressure to obtain sex; unwanted touching, non-violent acts that make victim feel uncomfortable about sex, their gender identity or sexual orientation.	Uses threats or force to obtain sex, rape, serious sexual assaults. Deliberately inflicts pain during sex, combines sex and violence including weapons, sexually abuses children and forces partner to watch, enforced prostitution, intentional transmission of STIs/HIV/AIDS.
Harassment or stalking			
No	Standard	Moderate	High
Never or not currently	Occasional phone calls, texts and emails.	Frequent phone calls, texts, emails.	Constant/obsessive phone calls, texts or emails, uninvited visits to home, workplace etc or loitering. Destroys or vandalises property, pursues victim after separation, stalking, threats of suicide/homicide to victim and other family members, threats of sexual violence, involvement of others in the stalking behaviour.
Jealous or controlling behaviour/emotional abuse			
No	Standard	Moderate	High
Never or not currently	Made to account for victim's time, some isolation from family/friends or support network, put down in public.	Increased control over victim's time, significant isolation from family and friends, intercepting mail or phone calls, controls access to money, irrational accusations of infidelity, constant criticism of role as partner/wife/mother.	Controls most or all of victim's daily activities, prevention from taking medication, accessing care needs (especially relevant for survivors with disabilities); extreme dominance, e.g. believes absolutely entitled to partner, partner's services, obedience, loyalty no matter what. Extreme jealousy, e.g. 'If I can't have you, no-one can', with belief that abuser will act on this. Locks person up or severely restricts their movements, threats to take the children. Suicide/homicide threats, involvement of wider family members, crimes in the name of 'honour'. Threats to expose sexual activity to family members, religious or local community via photos, online (e.g. Facebook) or in public places.

Safety Planning

A domestic abuse safety plan is a vital tool to complete when supporting victims and children to help keep safe. The safety plan should not only empower the victim to make changes but should also evidence the support they are receiving from Salford city council. This document helps victims plan what they might do in the case of future violence or abuse. It can also help them to think about how they can increase their safety either within the relationship, or if they decide to leave.

When a victim is referred to Safford's independent domestic abuse services (SIDASS), SIDASS will complete a safety plan with the victim, this can be shared (with the victims consent) with the social worker and should support the multi agency plan in place to meet the needs of the child and safeguard from harm.

Working agreements (outside of the Public Law Outline) should never be used with victims of domestic abuse.

The safety plan provided is the leading-lights, safe-lives accredited safety plan supported by evidential research on its effectiveness to support victims of domestic

abuse. Provided for demonstration is a completed version of the safety plan which offers prompts to the practitioner on vital questions which need to be explored. The safety plan is broken down into key areas.

- General safety planning
- Separation/ post separation
- Children
- Legal
- Finance
- Housing and security
- Health and wellbeing
- Additional

These key areas should be completed by a practitioner and victim together, ideally face to face and adjusted accordingly when/ if further incidents occur.

The multi-agency professionals involved with the family should all be held accountable within the safety plan to ensure the systems around the child and victim are working together to improve outcomes and ensure safety. Therefore the safety plan should be actively reviewed within Team around the Family, Child in Need and / or Child Protection Core Group meetings and home visits. The safety plan should be formally reviewed by management within supervision monthly with the aid of the DA review form provided in this guidance.

If a safety plan is not achieving the family and multi agencies desired outcome/s, it should be meaningfully reviewed- to support the underlying risk factors for the victim and child being understood and effectively addressed.

For example: If the safety plan advises the victim to prevent contact between the child and perpetrator, is this a realistic, achievable goal? Is the victim's perception of the management of risk the same as the practitioners? Have you explored the risk the perpetrator presented to the victim when they didn't allow them contact in the past?

If a victim is being perceived as 'allowing' the child contact with the perpetrator which may result in the child being placed at further risk, this should be fully explored.

Are you asking insightful questions before assumptions are made?

The lead professional and multi-agency group should explore why contact is continuing, considering the research around DA, including if the victim is fearful, able to put this boundary in place and how the contact commenced in the first place.

Accountability on the perpetrator for his/her own behaviours should be paramount when creating/ reviewing a safety plan. The working agreement completed with the perpetrator will support the meaningful review and update of the safety plan, strengthening the role of all family, friends and agencies within this.

RESOURCES FOR SUPPORT WITH SAFETY PLANNING ARE BELOW

Individualised Safety & Support Plan (ISSP)

What is the ISSP for?

The ISSP has two elements to it:

1. To provide you with the space to **action plan** the individual risks you have identified through the Checklist and any additional concerns that you or your person may want to address.
2. To provide you with the space to document a personalised safety plan: **options and advice** given to your person.

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

How can I use it?

1. **ISSP:** This is useful for looking at issues and risks identified through the Checklist and the SOAG. It helps you and the person decide what to address and how to develop an action plan. Where practical, make sure you address all of the risks you have identified. You should use it to agree courses of action, establish timelines for completion and agree who is going to carry them out. An example of an action point might be to address the risk of weapons being used by the perpetrator towards the victim, while another may be to extend the person's support networks by attending her local mother and toddler group. You will create new plans or refresh old ones as your person's situation changes. While the initial action plan will prioritise immediate safety, the following plans you create will be able to look at short to medium term goals.

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

2. **ISSP: 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. It provides you with space to document the options that are appropriate for the person but which they might not want to take up at this point in time. This needs to be kept up to date so that it reflects any change in local services/resources or available referral routes. We have created space for you to write in your local services contacts.

For further guidance on how to use the tool, a presentations been created and uploaded onto the resource tool kit and placed on the Salford council website. For you reference a completed safety plan is imbedded into this document in appendix A. If you need additional support completing this safety plan and feel that a senior practitioner or manager can't support you, please contact Claire Baddley DA lead for children at claire.baddley@salford.gov.uk for further advice and guidance.

Individualised Safety and Support Plan
CAREFIRST DOCUMENT

Is it safe to take this home with you? Where will you keep it?

Notes to practitioner

Before filling this out complete a SafeLives Dash risk checklist or review it.

				ISSP date		Page		of
Created on		Reviewed on		Reviewed by				

List the risk factors or issues you would like to address	Agreed action	Who will do this?	By when?	Date complete	Comment

						Page		of	
Created on		Reviewed on		Reviewed by					

List the risk factors or issues you would like to address	Agreed action	Who will do this?	By when?	Date complete	Comment

**Individualised safety and support plan
Options and advice**

Is it safe to take this home with you? Where will you keep it?

Notes to practitioner

Use this section to document the options and advice relevant to your person’s situation. Keep a copy on the person file and, if it is safe, give a copy to your person to take away with them

			Page	of	
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General safety planning
Advice on: Routine/safety at home, work, social settings/plan escape route/code words

Separating & post separation
Code words/escape route/ plan for leaving/support post separation

Legal
Advice on: Criminal & Civil Options/police reporting/court support/breaches/any child contact/residence/protection issues/immigration/probation involvement for person or [ex] partner or family member

Children
[Ex]partner, family member access to children & school/PR status/CYPS ref/support for children

Financial
Advice on: Access to finances, benefits/housing areas/D&A or immigration issues affecting finances

Housing and security
Advice on: emergency and longer term housing option/security measures/ fire assessment

Health and wellbeing:

Additional support factors:

Advice on: immediate medical needs, access to sexual and general health services, mental health services and whether person has disabilities compounding situation

D&A/mental health/disability

The service can be contacted on: _____

We are open: _____

Help and support

Below is a list of helpline numbers where you can talk to someone about what you are experiencing. **If you're in immediate danger, dial 999.**

ChildLine

0800 1111

www.childline.org.uk

ChildLine is a private and confidential service for children and young people up to the age of 19 providing phone and website support.

The Hideout

www.thehideout.org.uk

A website for children and young people with interactive resources to help them understand domestic abuse and where to get help from.

Respect not Fear

www.respectnotfear.co.uk

A website for young people about relationships with information support and interactive games.

Respect Not Fear Facebook page – search for “respectnotfear.”

Respect Not Fear iPhone App – free to download from the Apple App Store.

Galop

0800 999 5428

www.galop.org.uk Galop is a specialist phone support for lesbian, gay, bisexual and transgender survivors of domestic abuse.

Men's Advice Line

0808 801 0327

www.mensadviceline.org.uk

Men's Advice Line is a confidential helpline for any man experiencing domestic violence and abuse from a partner (or ex-partner).

Marie Collins Foundation

01677 460168

www.mariecollinsfoundation.org.uk

The Marie Collins Foundation helps children and young people who have been harmed online.

IKWRO

0207 920 6460

www.ikwro.org.uk

The Iranian and Kurdish Women's Rights Organisation (IKWRO) is a national charity which provides advice and support to women and girls from the UK's Middle Eastern communities who are affected by honour-based violence, child and forced marriage, FGM and other forms of abuse.

Leap Confronting Conflict

www.leapconfrontingconflict.org.uk

Leap works nationally with young people and adults, helping them to understand and manage the everyday conflict in their lives, and supporting them to become role models and leaders of positive change.

The Child Exploitation and Online Protection (CEOP) Centre

ceop.police.uk/safety-centre

CEOP helps children stay safe online. If someone has acted inappropriately towards you online, or to a child or young person you know, you can report it using an online form.

Local support details



This safety plan has been developed as part of the Young People's Programme. We would like to give special acknowledgment and thanks to the young people involved for their input in this document.



Believe in children
Barnardo's

IKWRO
IRANIAN AND KURDISH WOMEN'S RIGHTS ORGANISATION

leap
confronting conflict

The Marie Collins
FOUNDATION

SafeLives
Ending domestic abuse

Funded by
Department for Education

What is a safety plan?

A safety plan is a way to help you to stay safe. All adults, young people and children who are experiencing or have experienced abuse in their relationships should have a safety plan even if the abuse has stopped. The safety plan (see opposite page) should be completed to help protect you from getting hurt, and to help keep you safe.

Planning your safety involves looking at the risks you are facing, your physical and emotional needs, and equipping you to make choices that may keep you from serious harm. The person that you are working with will help you to think through lifestyle changes that you may need to make, in order to reduce risks, and to be as safe as possible wherever you are.

Why do I need a safety plan?

Everyone, including you, deserves healthy, safe and supportive relationships. A safety plan can lower your risk of harm and abuse – you can't control your partner but you can take action to reduce risk or avoid risky situations. It is important that this safety plan is about you and your current situation.

Remember

Only share personal details, such as your current address, support you are receiving and your family situation, with people that need to know and that you trust.

How do I make a safety plan?

The adult you're working with will take time to discuss your situation to understand what risks you're facing and to think about what can be done to make you safer. They will explain what they will do with the information you provide before they ask the questions.

Once the adult who works with you has completed the risk assessment, they will spend some time putting together a safety plan with you. They can also help you to decide what you want to change and what you want to remain the same in your relationship. They will give you open and honest guidance about what your choices and options are, and help you make decisions that are right for you.

Complete the template on the next page to create your own safety plan.



My emergency safety plan

If I don't feel safe inside my house, I will go to a safe place and talk to the professional I am working with. If I need to, I will go somewhere else inside my house, and make the call.

My safe place inside my house is:

The person I can ring is called:

Their number is:

Or if I need to I will go somewhere outside of my house.

My safe place outside my house is:

I will phone the police if I am afraid that I might get hurt or if I am hurt.

Their number is:

I will talk to someone that I trust about what is happening to me, so that I have a friend that I can turn to.

That person is:

I can contact them at:

If they are not available I can contact:

I know the details of two support services I could access who understand about young people experiencing relationship violence and abuse.

Name: Number:

Name: Number:

These are the two things that I know will help to keep me safe:

Resource: MARAC forms

The MARAC will help you ensure that those high risk victims you support are better protected from further abuse by a co-ordinated effort from all agencies and organisations. The victim's safety should be at the centre of the MARAC. Your role is to represent the victim's views, maintain contact with them before, during and after the process and most importantly keep a clear focus on safety.

When using the referral and research forms make sure:

- Your information is consistent and accurate as this will help attendees at MARAC to build up a comprehensive picture of the case at the meeting. In practice, most agencies will frequently be unaware of information held by others.
- It is completed by the practitioner working directly with the person.
- Information is current, accurate and, where necessary, makes a distinction between fact and professional opinion.

On both the MARAC referral and research highlight:

- If you are unsure about spellings of names, or whether you think the victim/perpetrator or any children use other names/aliases.
- Any gaps in your RIC so that the MARAC can be aware that there may be unidentified risks.
- Safe contact times and 'code words' you might use to establish whether it is safe to talk or not.
- If it is safe to leave messages.
- Whether it is safe to do home visits - are there any concerning risk factors around this? Is the perpetrator at home all the time? Did you carry out a home visit risk assessment? If so, what was the outcome?
- The difference between fact and your professional opinion - always.

MARAC referral form

In addition to the questions that it asks you, you might also want to use the referral form to:

- Add to the question 'is the victim aware of MARAC?' whether the victim is fully informed of the process and whether they are engaged with the process.
- Attach the Sharing Information without Consent form when you are sharing information without consent.

MARAC research form

In addition to the questions that it asks you, you might also want to use the form to:

- Add dates for particular events (i.e. court hearings, solicitor appointments, upcoming trigger events). As a minimum you should document your last contact with your person.
- Highlight any gaps in your risk assessment or knowledge in relation to each person, questions you might want answers to and actions you would like to suggest.

If you have recorded information on the research form that you decide is not relevant to share at the MARAC, document on the form your reasons for not sharing the information and keep this in your person's file.

General good practice points:

Where safe to do so, make sure you:

- Maintain regular contact with your person so you have the most recent information.
- Keep a clear focus on safety and be in a position to proactively represent this and your person's wishes at the meeting.
- Take a proactive role in managing the safety plan that arises from the MARAC.
- Be proactive in contacting and engaging the victim after the MARAC to feed back the outcome.

What else do I need to consider?

Who will represent your service at the MARAC? Services that have a lead/senior DA practitioner usually send them as the consistent representative at MARAC. It is important the person at the MARAC has sufficient authority to make decisions and prioritise resources etc.

Does your MARAC have information about the MARAC for victims being referred? In some cases a 'Leaflet Informing the Victim of the MARAC' is provided to the victim on the referral to the MARAC where it is safe to do so – see the MARAC admin pack for more information.

What other resources are available?

Please visit our website www.safelives.org.uk for the following:

- The MARAC administration pack, of which these MARAC forms included in this manual are part of and can be used as a guide for developing MARAC documentation.
- The MARAC Practitioners Toolkit. Additional flowcharts and procedure on your role at the MARAC. Please see the practitioners resources section on the website.

MARAC referral form

MARAC referrals should be sent by **secure email or other secure method**.

Referring agency			
Contact name(s)			
Telephone / Email			
Date			
Victim name		Victim DOB	
Address			
Telephone number		Is this number safe to call?	Y / N
Please insert any relevant contact information, eg times to call			
Diversity data (if known)	B&ME <input type="checkbox"/>	Disabled <input type="checkbox"/>	LGBT <input type="checkbox"/> Gender M / F
Perpetrator(s) name		Perpetrator(s) DOB	
Perpetrator(s) address		Relationship to victim	

Children (please add extra rows if necessary)	DOB	Relationship to victim	Relationship to perpetrator	Address	School (If known)

Reason for referral / additional information

Professional judgement	Y / N	Visible high risk (14 ticks or more on SafeLives Dash risk checklist)	Y / N
Potential escalation (3 or more incidents reported to the Police in the past 12 months)	Y / N	MARAC repeat (further incident identified within twelve months from the date of the last referral)	Y / N
If yes, please provide the date listed / case number (if known)			
Is the victim aware of MARAC referral?	Y / N	If no, why not?	
Has consent been given?	Y / N		
Who is the victim afraid of? (to include all potential threats, and not just primary perpetrator)			
Who does the victim believe it safe to talk to?			

Who does the victim believe it not safe to talk to?	
Has the victim been referred to any other MARAC previously?	Y / N
If yes where / when?	

MARAC research form

Name and agency	
Telephone / Email	
Date	
Victim name	
Victim DOB	
Victim address	
MARAC case number (from agenda)	

		Please insert any changes / errors / other information (eg aliases or nicknames) below
Are the victim details on the MARAC list accurate?	Y / N	
Are the children(s) details on the MARAC list accurate?	Y / N	
Are the perpetrator details on the MARAC list accurate?	Y / N	

Note records of last sightings, meetings or phone calls	
Note recent attitude, behaviour and demeanour, including changes	
Highlight any relevant information that relates to any of the risk indicators on the checklist (eg the pattern of abuse, isolation, escalation, victim's greatest fear etc)	
Other information (eg actions already taken by agency to address victim's safety)	
What are the victim's greatest priorities to address their safety?	
Who is the victim afraid of? Include all potential threats, and not just primary perpetrator	
Who does the victim believe it safe to talk to?	

Section 3.3 Documentation of civil and criminal interventions

It is important you document all types of action and events that occur in your person's case. We have created some forms to help you routinely document the outcomes of:

- Criminal Court - via the Criminal Case Summary form
- Civil or Family Court - via the Civil Case Summary form

Resource: Criminal case and civil case summary forms

What are these forms?

Both of these forms are designed to be used when a civil or criminal court hearing takes place. They will help you form a chronology of a civil or criminal case and provide you with useful information to feed into pre sentence reports, bail hearings, conversations with the Crime Prosecution Service (CPS) etc. If you are involved with SafeLives' Insights service, the information collated on these forms can be used to complete the Insights Criminal & Civil Justice forms.

How can I use them?

Complete a Criminal/Civil Case Summary form every time there is a court hearing. File them in date order and separate from your case notes, so that you can access them easily and follow the case progression. Make reference to the hearing and the completed form in your case notes.

What else do I need to consider?

Are you proactively involved in your Specialist Domestic Violence Court (SDVC) or local criminal and civil courts? Do you have protocols which set out what your roles are in these settings?

Useful tip

Take these forms into court with you to document the outcome of the case. This will ensure you collect all of the relevant information and save you the time of having to fill this out when you get back to the office.

Working Agreement
between
Salford Children's Services
And

in respect of

Date

This agreement is part of the plan to improve the safety and wellbeing of your child. You should not sign it if you do not understand or agree with the contents, or do not think you are able to carry them out. This agreement is a form created to support in the management of risk when domestic abuse is a current or historical factor. This agreement supports to reduce further harm to a child/ victim, placing expectations on you to not display behaviours deemed harmful.

Parent agrees to:

- 1
- 2
- 3
- 4

Significant others agree to:

- 1
- 2
- 3
- 4

Salford Children's Services agree to:

1. Undertake a risk assessment to inform you of how best to protect your child from harm
2. Provide any support is felt needed during and following assessment

If the agreement is not followed, Salford Children’s Services will be very worried about (child/children’s) safety. The following could then happen:

1. Convene an Initial Child Protection Conference
2. Seek Legal Advice

The agreement will be reviewed during home visits and meetings where the plan is discussed. Any changes to the agreement will be discussed and agreed with you. The agreement will be shared with all professionals involved with your child, so they can make sure everyone is doing what they have agreed to do.

This agreement will be in place until the first review in 15 days. The agreement may then become part of longer term plan, it may change, or it may end.

If you are not doing what you have agreed to do, you should contact the social worker on 0161 603 4222 at the earliest opportunity. If the social worker is unavailable, you should ask for a duty worker.

If you think that Salford Children’s Services are not doing what they have agreed to, you should first speak to the social worker about this. If you are not happy with what they say, you should speak to the team manager Victoria Long. If this has not resolved the issue, you may contact the Customer First Service via email: complaints.cs@salford.gov.uk or complete the on-line complaint form at www.salford.gov.uk

Signed..... (parent/carer) Date:

Signed..... (social worker) Date:

Signed..... (team manager) Date:

Parent (or other involved party) not part of agreement:.....

Reason:.....

.....

Inventory of controlling behaviours

ONLY TO BE USED WITH MALES OVER 18

Script to read

This is a list of common behaviours we know perpetrators use in relation to their partners. We want to know which ones you have used over the whole course of your relationship and those you have used in the last six months. This is a mandatory form we complete with cases referred into social care where domestic abuse is a factor.

If you don't know exactly how often you have behaved in a certain way, put down the best guess you can make or the figure you think is the nearest. Next to each of the behaviours, write one of the following letters to tell us how often you have used this in the last 6 months (in the first column) and over your whole relationship (in the second column):

A = once	B = twice	C = 3 to 5 times	D = 6 to 10 times	E = 11- 20 times
F = more than 20 times	0 = never	Please hand out this chart separate to the inventory		

Name: _____

Length of relationship that you are mainly referring to:

The following question relate to emotional pressures

Emotional pressures	over the last 6 months	over the whole of the relationship
Insulted or sworn at your partner		
Criticised her clothes or physical appearance		
Criticised her childcare		
Yelled and screamed at her		

Sulked or refused to talk in order to punish her		
Stomped out of the room/house		
Demanded a strict account of how she has spent money		
Made a major financial decision without consulting her		
Withheld money		
Accused her of having an affair		
Discouraged contact with her friends and/or family		
Discouraged her contact with other men		
Not allowed her out of the house when she wanted to go		

Restricted her use of the car or phone		
Deliberately embarrassed her in front of others		
Driven the car recklessly to frighten her		
Interrupted her sleep to bother her		
Threatened to take the children away		
Threatened to leave the marriage/relationship		
Threatened to hurt or kill yourself if she left		
Threatened to hurt or kill her if she left		
Blamed her for your problems		
Had affairs which you made sure she knew about		
Actively hurt yourself in her presence		

Let her know that you have hurt yourself and blamed it on her		
---	--	--

Are there other forms of **emotional pressure** which you use or have used often that we haven't listed here?

Yes No

If YES, please tell us what they are

Physical abuse

physical	over the last 6 months	over the whole of the relationship
Threatened to hit your partner		
Threatened to throw something at her		
Threatened to harm the children		
Hit children in her presence to make her feel bad		
Threatened her friends/relatives		
Physically harmed a pet		
Thrown, hit or kicked something (furniture, objects) in your partner's presence		
Pulled her hair		
Spat at your partner		
Thrown something at your partner		
Pinched her		
Pushed, grabbed, held or shoved her		
Held and shaken her		
Pushed her up against a wall/floor		

Slapped, smacked/spanked her		
Kicked her		
Bit her		
Punched her with a fist		
Hit or tried to hit her with something		
Beat her unconscious		
Grabbed her throat		
Threatened her with a knife		
Threatened her with a gun		
Used a knife or fired a gun in her presence		
Thrown her bodily		
Burnt her		
Kicked, punched or hurt her whilst she was pregnant		
Hit or tried to hit her with something		

Are there other forms of physical threat or force that you use or have used often which we haven't listed here? Yes / No

If YES, please tell us what they are

Sex as a form of control.

Let her know that you have hurt yourself and blamed it on her		
Deliberately withheld affection		
Deliberately withheld sex		
Verbally pressured her to have sex		
Hurt her sexually		

Made her have sex against her will		
Made her watch pornography when she didn't want to		
Made her copy acts from pornography when she did not want to and/or been sexually abusive to her after watching/reading pornography		
Made her do sexual things which you photographed or videoed		
Made her have sex/be sexual with other men and/or women		

Are there other forms of sexual pressure that you use or have used often which we haven't listed here?

Impact of violence on your partner.

physical	over the last 6 months	over the whole of the relationship
She has been bruised to her head due to your violence		
She has been bruised to her face due to your violence		
She has been bruised to her body due to your violence		
She has had a black eye due to your violence		
She has been cut to her head due to your violence		
She has been cut to her face due to your violence		
She has suffered other injuries due to your violence		

Please state what:

physical	over the last 6 months	over the whole of the relationship
She has needed medical attention due to the injuries you caused		
She was unable to do things (eg: go to work, look after the house, shop) after the injuries you caused		
You were in trouble with the police		
Your partner left for her own safety		
Your partner got support from a woman's group or refuge		

Harassing, chasing or stalking your partner.

When separated, how many times have you attempted to make contact that was not welcome?

Was this contact by phone/ letter/via friends or relatives/in person?

What did you do on these occasions?

Have there been occasions when you:

Waited outside her house for her without her agreement?		
Waited outside her work for her without her agreement?		
Waited in a place where you expect to see her (eg: local shops/playground) without her agreement?		
Tried to see the children without her agreement?		
Watched her or checked up on the children without her agreement		
Attempted to check up on her e.g asking her whereabouts or activities)		

How did you go about this?

Are there any other incidents you would like to discuss relating to the questioned asked above?

Finally ask questions around the presents of the children when the DA incidents occurred
Have the children been aware of your violence/abuse to your partner?
How many times have these children attempted to intervene in your arguments?
How many times have these children been knocked or hit in your arguments with your partner?
Please detail what happened to them:

In what other ways have these children become involved in arguments between you and your partner?

Practitioner's guidance

The inventory covers all 5 levels of abusive behaviour, by completing the inventory it allows you to have more clarity on the DA risk level and behaviours of a perpetrator of domestic abuse.

This tool in conjunction with the perpetrator DASH will add more clarity to the risk the perpetrator presents and his perception of this.

This tool must be reviewed in line with the victims DASH and safety plan.

Please leave the chart unscaled until you are alone.

Proceed to add up the score using the number chart provided
A=1
B=2
C=3
D=4
E= 5
F=6
0=0

150 or more on that chart states the perpetrator deems a level of risk that would make this referral unsuitable to be carried by early help for intervention. If the perpetrator displays any harmful behaviours in the category of physical or sexual they are NOT suitable for Early Help.



Respect adaptation of the CAADA Risk Identification Checklist (RIC) for gathering and analysing information from and about perpetrators

Guidance for work with survivors and perpetrators of domestic abuse in domestic violence perpetrator programmes (September 2010)

This document is an adaptation of the most recent (2009) version of the [CAADA Risk Identification Checklist \(RIC\)](#) (©CAADA, 2009), which was developed for professionals working with victims of domestic abuse, stalking and so-called 'honour'-based violence.

Domestic violence perpetrator programmes work with both victims and perpetrators this allows for the consideration of risk levels to be informed by multiple sources, including information from the perpetrator. Some Respect members are already using the RIC and adapting it for documenting information about perpetrators. In consultation with CAADA, Respect has now created, in this document, a fully adapted version of the RIC for use in DVPPs or other settings where information from and about the perpetrator may be considered with information from or about the victim.

Scope of the guidance and risk identification checklist

As evidence from rigorous research is currently only available for domestic abuse where the perpetrator is male and the victim female we urge practitioners using this tool to exercise caution about extending the use to other settings. Some risk factors do not simply translate across to other relationships. This is due in part to the unequal access to resources and assumptions about the roles of men, women, heterosexuals and gay people etc.

This version of the RIC and the guidance with it are therefore only intended to be used to gather information about the risk factors relating to a particular pair of people where the suspected perpetrator is male and their suspected, known or potential victim is female.

1. Background to the Risk Identification Checklist (RIC) and this version

This tool was developed by CAADA (Coordinated Action Against Domestic Abuse) for use within the MARAC (Multi Agency Risk Assessment Conference) structure locally, to identify victims at high or medium risk from domestic violence and to coordinate safety interventions between agencies. It has been developed particularly for IDVAs (Independent Domestic Violence Advocates) to use in their work with victims of domestic violence who come to the attention of criminal justice agencies. The current

version of the tool and the guidance for its use with survivors/victims is available from [this link](#).

The questions are based on the evidence from research and practice of which factors increase the risk of domestic violence incidents taking place or getting more dangerous.

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The tool has been adopted in various local MARAC and other settings. There is a benefit from all agencies using the same tool consistently, incorporating all relevant variations. This allows meaningful comparisons of the results of different MARACS, between different assessments on the same person, allowing for rigorous monitoring of the effects of interventions to promote the safety of victims. This guidance is therefore partly intended to help practitioners to use the same tool as well as to provide an evidence based risk identification tool to support their work with people using domestic violence and with their partners and ex-partners in domestic violence intervention programmes.

This guidance is a supplement to the CAADA guidance, not a replacement. It is intended to help practitioners and managers of domestic violence intervention programmes working with people using violence and their partners and ex-partners.

2. Purpose of this version of the Risk Identification Checklist

Organisations may wish to use the tool for various purposes. CAADA guidance states that:

This form is designed for agencies who are part of the MARAC process and who do not have their own assessment tool or who would like a supplementary form for identifying domestic violence risk. The primary purpose of the form is to identify risk to the adult victim and to be able to offer appropriate resources/support in the form of the MARAC for the most serious cases. Furthermore, the information from the checklist will support agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses' which forms the basis of the most recognised models of risk assessment.

Domestic violence perpetrator programmes (DVPPs) will also want to use the RIC for these purposes:

1. To identify, monitor and respond to risk within the intervention project, via case management and in work with individual men and women.
 2. To inform the development of safety plans with victims of domestic violence.
 3. To identify the extent to which people using domestic violence acknowledge what they have been doing, identify it as harmful and understand the risks of their behaviour. This can then help to plan interventions, set goals with persons for changing their behaviour, identify what steps they need to take to be safer immediately and in the long term.
 4. To inform reports for social workers, courts and others about the levels of risk posed by an individual with a particular victim.
 5. To alert other specific agencies to risk and continued danger in a formal way.
-

6. To make referrals to MARAC or other inter agency structures or to a specific agency such as the police or social services.
7. To use as a systematic way of reviewing risk during case management.
8. To fulfil the requirements of the Respect Accreditation Standard (listed in brackets after each heading below) on case and risk assessment and management.

3. Who should use this version of the RIC

1. Integrated Support Service (ISS) workers working with victims of domestic violence, including partners and ex-partners of people on group work programmes will need to gather information and use these records regularly (See below).
2. Domestic Violence Prevention Programme (DVPP) workers working with perpetrators of domestic violence will need to gather information and use these records regularly (see below).
3. Anyone involved in case management will need to read and refer to these records.
4. Managers responsible for ensuring that risk is identified and responded to adequately will need to check that records of these processes are kept and referred to in case management.

4. When to use this version of the RIC

1. During initial assessments with all persons, both those using or suspected of using violence, and those experiencing or suspected of experiencing violence. Women's support workers may find that they need to gather information informally over a few initial sessions before they can complete the form.
2. Whenever risk changes the information should be updated and recorded with a new record.
3. As part of case management, to review risk routinely and to review intervention and safety planning.
4. At the end of any group work with the person using violence, to assess changes in risk levels.
5. Before MARAC meetings, review records of risk identification and identify if there are any persons who need to be referred to MARAC, or if they are already referred, use the records as part of the MARAC review.

5. How to use the RIC and this version in particular

The [CAADA guidance on using the RIC](#) provides detailed information on how to gather and interpret information about and from persons who are victims of domestic violence. Everyone using the tool should read and become thoroughly familiar with the content of that guidance as well as this document.

In organisations running domestic violence intervention programmes, the tool can be used in the following ways:

- By asking all persons, both those using violence and those experiencing it, about all the items in the tool or some, either formally checking through each item on a paper or computer version of the form or through taking notes during an individual session and writing these up on the risk identification form afterwards.
- By noting information provided by persons, in, for example, support sessions with survivors or group work with perpetrators and creating a new risk identification record with the amended information.
- By noting information provided by third parties and creating an amended record.
- BY reviewing what is known about both persons and any relevant children during case management.

6. ISS workers working with survivors/ victims of domestic violence (Respect Accreditation Standards B1.1 and B2.1)

During initial and subsequent contact with partners and ex-partners, ISS workers will gather information about any changes in risk factors or abusive behaviour. This will reflect the focus in their work on the safety and well being of victims of domestic violence, to alerting them to risk if they are not already aware of it and to working with them to reduce risk as far as possible.

ISS workers should use this tool (or an equivalent) with anyone experiencing or likely to be at risk of domestic violence. This includes partners and ex-partners of people being assessed for programmes, other victims referred for risk assessments or other reasons depending on the services offered by the organisation.

During initial assessments or meetings practitioners collect information about a person's level of safety and risk, through discussions around their history of using or experiencing domestic violence. This maybe enough information to complete the RIC, however most practitioners will find that there are area of the persons experience or behaviour covered in the RIC for which they have no information and these should be covered in the subsequent sessions. **If the victim does not engage with the service it can still**

be possible to complete the form by using referral information and information gathered from the perpetrator.

7. DVPP workers (Respect Accreditation Standards B1.2 and B2.2)

DVPP workers should gather as much information from people being assessed for the programme or otherwise in contact with the service, in initial assessments about the risk factors identified in the RIC. You can use the specific version in this document for gathering information from the perpetrator. You may use the paper form and guidance as a prompt or use other interviewing techniques and approaches as suits the organisational model of work.

DVPP workers may also wish to use this process as a way of starting to alert the individual to the dangerousness of their behaviour and to the need for change. This will reflect the focus of the work with those using domestic violence on reducing or ending their abusive and dangerous behaviour and to working with them to support those changes.

Please note that information about the person's criminal record would not necessarily include records of police call outs or police referrals but you may consider that these indicate significant risks or changes in risk to include them. This may help you to present this information formally to other agencies such as Children's Services or police in order to highlight the need for them to take action. It may also result in an identification of the case as high risk. See below (section 10) for further guidance on whether and when to refer to MARAC.

If the person using violence does not engage with the service but the victim is in touch with the ISS, a risk assessment should still be carried out, using information from the referral, from the victim if possible, from the perpetrator's lack of engagement etc.

8. Communicating with persons in risk assessments (B1.2, B1.2, D1.5)

Persons can be involved in the assessment in various ways. You can use the form and work through each question with the person and record the answers they give. You can use the usual structures of initial assessment sessions you already have and transfer information to the risk assessment form afterwards.

Bring together the information from men and from women can help to provide a more complete picture as well as an initial assessment of different levels of understanding or acknowledgement of abusive behaviour, by comparing the two assessments and combining these.

Persons should be informed of the result of your assessment of risk unless this is unsafe. They should also be offered the chance to comment on the assessment. There is a space on REDAMOS for you to add this information.

Revealing the results of the RIC to the perpetrator: wherever possible the perpetrator should be informed about the conclusions you have reached as a result of the RIC as this can help to ensure he understands the reasons for your actions and that there are consequences for being abusive. However, this may sometimes be threatening for the abuser or may feel dangerous to you as a practitioner, you should not refer to information that has solely come from the partner. If you are acting primarily or solely on information he has provided you may also want to take into account the impact of your actions on future disclosures in the group – however, this is a constant struggle for DVPPs and should not deter you from taking action when you are alerted to changes in risk.

9. Case management and review (Standards B1.1, B1.2, D1.2, D1.4)

Case management should include a review of risk for persons. It may be that there are no changes in risk, in which case the records do not need to be amended. It is not necessary to ask the person or partner again about every single question in the tool each week. ISS and DVPP workers will use information given to them in support sessions or group work or other contact with or about persons and identify if any of this has resulted in a change in risk. If there is a change in risk, a new record should be made (see below) and a plan of action identified. This could include:

- Referring a case to MARAC
 - Referring a case to child protection
 - ISS making contact with the victim to review and update safety plans
 - DVPP considering bringing up relevant specific topics in group or individual work without revealing that this has come about as a result of this specific change in risk.

 - DVPP considering bringing up changes in risk directly with the person using violence.
 - DVPP considering suspending the perpetrator from group work if it is identified that their presence on the group is being used to undermine the women's safety, by for example, acting as sufficient evidence of change to other agencies or courts, without any real evidence of reductions in abusive behaviour.

 - Programmes working to the Respect Service Standard will carry out a case management process, which include a regular, minuted review of the progress of a particular person or persons. Incorporating a review of risk factors into the case management process is a part of this activity and some programmes will already be doing this.
 - Women's support workers (ISS) and men's workers (DVPP) should share information from the perpetrator and relevant partner/ex-partner/other family member, depending on who they are a risk to. This may take place formally, for example in written feedback from DVPP workers to
-

ISS workers after a group work session, or informally through adhoc case discussions. However, significant information should be formally reviewed and recorded in case management and the CAADA/DVPP RIC updated at regular intervals or when significant changes in risk occur.

10. When to refer a case to another agency (Standard section F)

To the police: if there is evidence of a crime and the workers and ideally also the victim identifies the need for the police to act in the interests of the safety of the woman and/or children.

To CAFCASS: if there is an implication for child contact proceedings, for example if a recent incident has happened during contact handover or if there have been threats of child abduction.

To IDVA: where the level of risk is high and/or where the victim wishes to pursue criminal action against their abuser.

To MARAC: the following boxed text is an extract from the RIC

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

4. 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.

If the victim is identified as at high risk or if there are other significant concerns about danger, then referral to the MARAC can be discussed with the MARAC co-ordinator. Practitioners may first want or need to consult practice managers and colleagues in ISS about the benefits of making a MARAC referral in cases which identify as medium or in some circumstances high risk. For example, if the man is engaging with the programme, the woman is engaging with the ISS and the children are receiving good support from an appropriate source and there is no new physical violence, it may be that the risk is identified as medium or high but there would be no benefit to referring to a MARAC. If in doubt, discuss the findings with the MARAC coordinator.

To child protection: if the information indicates a risk of harm to children, then follow your safeguarding procedures. It may be useful to complete a Common Assessment Framework form, as the domestic violence risk identification tool does not cover all relevant aspects of a child's life. Where possible, the victim's consent and active participation should be sought in all actions to safeguard their children. ISS workers will want to work with the victim to identify possible benefits, understand the processes and have their views made known.

11. Recording information from the RIC (Standard A1.1E, A1.10, A5.3, A6.1)

When you are keeping information on the risk levels posed by or to individual persons you will need to exercise caution about which information is placed in which file, as this may have implications for risk and data management. For example, if there has been a significant change in the identification of risk, based on information provided by the woman only, recording the details of this in the copy to be placed in the perpetrator's file may cause a risk to her if he asks to see his file. You will need to consult your data protection policy and confidentiality policy to ensure that the relevant information is filed but without exposing the woman to potential threats or retribution if her partner sees his file.

Information can be held on paper or on computer files including the Respect person information management database REDAMOS. You can print off a copy from REDAMOS, the CAADA website or from a saved copy of the Word document from the CAADA website.

11.1 If the information is to be stored on the Respect REDAMOS person database

On the first occasion, click on "risk identification" tab and go to that page to open a new record. Follow the instructions in the REDAMOS guide to understand more about how to use the system.

You do not need to re-enter every detail which has not changed – simply copy the previous record, amend those details which have changed and re-save it as a new record. On Redamos, a new risk identification assessment can be opened for each person, linking the two particular people involved through a contact connection (see database training manual). Whenever there is a change in risk, Redamos allows you to create a new complete risk identification record in a short time, by cloning the previous record and then allowing you to update only that information which has changed. Each risk identification review will then be stored as a separate document, linked to both parties' person records. If information is gathered on paper, the organisation will have to decide whether or not to keep the paper copy once it is entered into Redamos. The Respect Standard recommends that wherever possible information is stored in only one location and copies taken only for specific purposes. This prevents unnecessary duplication of records, reduces the likelihood of information being missed in one storage location and reduces the risk to the security of that piece of information, provided an adequate computer back up is being regularly made of all information held on Redamos.

11.2 If the information is to be stored only on paper

Each person file should have a copy of the record of the risk identification forms collected about them.

Information gathered from the victim should only be stored in that file, it must not be stored in the perpetrators' file unless there are secure processes for ensuring that it would be removed if the perpetrator wished to see the contents of his file. Ideally, there will be a note indicating that there is a risk identification report in the partner's file.

Information from the perpetrator can be stored in their file and a combined risk identification record could be stored in the victim's file as well. There should be a note indicating that there is a separate report in the partner's file.

11.3 If the information is to be stored on another computer system

If the document is completed manually on paper, the organisation could scan the report and attach that pdf to the person file, or complete a form in a word processing document, convert it to pdf and attach it. The most recent risk identification report could be stored in the person's back up paper file, if this is to be kept.

12. When to create an updated risk identification record

You should usually consider reviewing or carrying out a new RIC assessment in these circumstances:

- Birth of child/pregnancy
- New incident of physical or sexual abuse revealed in group work or support for victims
- Separation
- Child contact dispute
- Increase in misuse of substance
- Threats to kill or new access to weapon
- New assault
- Victim's fear or depression, perpetrator's depression or other mental health problem
- Worker's perception of changes in risk

13. Using the tool to write reports for other agencies

You can use this tool to collect information in a clear, methodical way to prepare a report for another agency about risk of future violence to the victim and also the likelihood of violence which can have an impact on children. This may be useful for reporting to Cafcass about disputed child contact cases or to child protection/safeguarding proceedings.

CAADA-DASH Risk Identification Checklist for use by practitioners working with perpetrators

There are three checklists on the following pages.

The [first checklist](#) is the Perpetrator version of the RIC and is to gather information from known or suspected perpetrators. You can then to combine this with information from or about victims or use alone if there is no information from victims, in order to assess levels of risk to specific victim(s) from a specific perpetrator. There is a separate, shorter version of this checklist to use to combine the information from both in paper form. If you are using REDAMOS, you can also combine the information from both online reports to make one combined one, whilst still retaining the separate ones for clarification.

Those working with victims should continue to use exactly the same CAADA-DASH checklist for work with victims. Practitioners can then combine the information from/about perpetrator and victim into the [third person version](#) provided in this document on page 14.

The 24 questions (presented in the first table below) correspond to the questions for the victim in the CAADA RIC, re-phrased for asking the perpetrator. This is not simply to find out if the perpetrator is minimising or denying violence or to get two versions of the history, although both of these are useful contributions to the risk assessment process. They are also to find out or review information directly from or about the perpetrator, which can include from the perpetrator during group work. There is a second set of questions, these are supplementary questions which you can ask or record information about, which apply or are relevant to perpetrators only, particularly if your service is not yet working with the victim.

The [second checklist](#) is to use for recording additional information from/about perpetrators, particularly to find out about other women he may be a risk to. This may then prompt you to consider if there is a need to complete a separate RIC for another pair combination – for example, if the perpetrator is a risk to his current partner and his ex-partner, you will need to complete one in relation to the risk he poses to each (see checklist 2 for additional questions to help identify if this is needed).

The [third checklist](#) is a third person version of the main RIC, to provide you with a paper version of the online REDAMOS version to use to combine information from and about perpetrator and victim to obtain a comprehensive enhanced picture of current risk.



[There is some guidance](#) about asking someone who may be a perpetrator questions about different forms of abuse. Usually you will have received specialist training on interviewing people who may be using abuse. This will therefore be a reminder.

Finally there is a [pro forma for you to record your decisions](#) about referral to MARAC or to safeguarding children or another agency.



1. RIC version to use directly with perpetrators

Please enter in any relevant information you have gathered from the perpetrator from his assessment, group work, individual sessions or in other ways. You should let him know that you are monitoring the level of risk you think he poses to his victim and others.	Yes	No	Source of info
1. Did the current or most recent incident result in an injury to your partner/ex?			
2. Do you think your partner/ex is frightened of you?			
3. Do you think your violence to your partner is getting worse? Do you think you are likely to use violence again?			
4. Have you ever tried to stop your partner/ex from seeing friends/family/doctor/colleagues or made life difficult if she did? Are you doing that at the moment?			
5. Do you think your partner/ex is having depressed or suicidal thoughts at the moment?			
6. Have you and your partner separated from each other or tried to separate in the last year? HAS your partner ever tried to separate from you and you haven't wanted this? [are there other women with whom you are in conflict about child contact, for example informal or formal foster carers, ex-partner mother of children]			
7. [Do you have children that you do not live with –if so do you and your ex-partner currently disagree or get into arguments about the child contact? <i>[please note that there are additional questions to help identify other potential or actual victims, which may then prompt the need for another RIC for this pairing of perpetrator-potential victim. See below]</i>			
8. How often do you text, facebook, phone, contact, follow your partner or ex or turn up at their work or friends etc when they weren't expecting you? Do you do these things a lot and is this getting worse?			
9. Is your current or most recent partner pregnant or had a baby within the last 18 months? [Are there other women you have children with are and any of these currently pregnant or recently had babies – this will alert you to possible widening of range of victims]			
10. Do you think your abuse is getting worse?			
11. Do you think you are being abusive more often than you used to be?			
12. Do you try to control what your partner does in some ways? Are you jealous – for example, do you get upset if they talk to another man or when they go out without you?			
13. Have you ever used an object, such as cutlery, a chair, something else, to hurt or threaten your partner? Have you ever used a weapon to hurt anyone? Does this include your partner? Have you ever threatened to hurt your partner with a weapon?]			
14. Have you ever threatened to kill your partner or ex, or someone else in your family? If so, do you think you might have made them believe this, at least at the time?			

Please enter in any relevant information you have gathered from the perpetrator from his assessment, group work, individual sessions or in other ways. You should let him know that you are monitoring the level of risk you think he poses to his victim and others.	Yes	No	Source of info
15. Have you ever put your hands round your partner's throat and hurt them that way? Or held them down in water?			
16. Have you touched your partner sexually in ways that you suspect, or knew made her feel uncomfortable or hurt her or someone else? (If someone else, specify who.)			
17. Have you ever involved someone else in threatening your partner/ex or other family member? E.g. friend or relative who is on your side. If so, who is this?			
18. Have you ever hurt anyone beside your partner/ex? Someone like an ex-partner, but also any other family member, friend, colleague, someone you know casually, someone you don't know well, a stranger? If so, please say who (make a list if necessary) children, another family member Someone from previous family relationship, Ex-partner's new partner; Acquaintance			
19. Have you ever mistreated the family pet or other animal, such as neighbour's dog or something like that?			
20. Do you currently have money worries or have you recently lost your job or worry about losing it? Do you feel under financial pressure? Are you currently in disagreement with your partner/ex over money problems and do these sometimes cause big arguments? [tick yes if he answers yes to any of these – they are all just different ways of asking about risks arising from finance]			
21. Are you using any drugs or have you in the last few years used drugs or alcohol to the point where people tell you it is a problem or you start to worry it is a problem or start spending money you can't afford on drugs or alcohol or pass out from drug or alcohol use? Are you currently depressed or have any other problems with your mental health? Are you taking any medication for depression or other mental illness?			
22. Have you ever thought about or threatened suicide or tried to kill yourself?			
23. Have you ever had a bail order or injunction/order telling you not to contact or hurt your partner/ex or the children? If so, have you ever ignored that order and done something it said you shouldn't do, like calling on them to give the kids presents or something else like that?			
24. Have you ever been in any trouble with the police? Do you have any criminal convictions [you can emphasise that you can ask the police to check their records but would prefer it if they were honest with you in the first place.] If so what type of criminal activity			

2. Additional specific questions for perpetrators

Please enter in any relevant information you have gathered from the perpetrator from his assessment, group work, individual sessions etc.	Yes	No	Source
1) Are you/ <i>is he</i> in a new relationship since ending the one with the primary victim?			
<i>If you have answered yes to the above please complete anew RIC specifically for this relationship, ensure that relevant information is collected about additional children where they exist.</i>			
2) Is your/ <i>is his</i> ex-partner in a new relationship and are upset or angry about this?			
3) Have you/ <i>has he</i> threatened your ex-partner's new partner?			
4) Are there other women in your/ <i>his</i> life who have felt threaten by your/ <i>his</i> behaviour			
5) If you have answered yes to the above please assess the risk to this person and their needs for safety, if necessary complete a separate RIC.			
6) Has your/ <i>has his</i> partner ever used any force against you/ <i>him</i> ?			
<i>If you answered yes to the above please note that if the victim is using violence to protect themselves this can heighten the risk of serious violence as the abuser will usually increase levels of violence in return. This should be considered when thing about the overall level of risk</i>			
7) Do you keep a knife or gun at home or other sort of weapon, even if it is just for show? DO you have any hobbies which allow you contact with weapons? Does your job put you in contact with weapons? Have you been trained in combat techniques – such as in TA, martial arts etc?			
<i>If you answered yes to the above</i>			

On its own, having a hobby like these would not necessarily mean a risk of violence; however, coupled with history of violence and other indicators of future risk, it increases the likelihood that any future violence will be dangerous

Need for a new RIC If any of these questions reveal the existence of other people the perpetrator may be a risk to, such as a carer of his child (foster parent, family member) an ex-partner, particularly if they are the mother of a child of his, a new partner, his ex-partner's new partner, this should prompt you to collect evidence you have about this pairing of perpetrator and potential victim, on a separate RIC. You will usually make proactive contact with any potential or likely victim, as part of the work of the Integrated Support Service for victims/partners/ex-partners. This will provide you with information you can combine with the information from the perpetrator.

3. Third person version to combine information from all sources

Please enter in any relevant information you have gathered from the victim, perpetrator, referring agency, any other relevant agency, policy records etc	Y	N	d.k.	Source
1. Did the current or most recent incident result in an injury to victim? (is perpetrator denying this?)				
2. Is victim frightened of perpetrator?				
3. Is violence getting worse or more frequent?				
4. Is victim being kept from seeing friends/family/doctor etc?				
5. Is victim suicidal or depressed?				
6. Is separation imminent? Has victim tried to separate before?				
7. Is there disagreement about child contact?				
8. Is perpetrator constantly checking up on victim (stalking)?				
9. Has victim recently had baby or is she pregnant?				
10. Is abuse getting worse or more controlling in effect?				
11. Is abuse more frequent than it used to be?				
12. Is perpetrator very jealous and controlling about victim's contact with men?				
13. Has perpetrator ever used weapon against this victim or previous one?				
14. Has perpetrator ever threatened to kill victim or previous partner or someone else in family in ways which made them believe it?				
15. Has perpetrator ever attempted to choke, strangle, suffocate or drown victim or someone else?				
16. Does the perpetrator denigrate their partner (ex-partner) sexually or physically abuse them (or others) sexually or coerce them into sexual behaviour that they are not comfortable with.				
17. Are other people involved in hurting or threatening or policing victim?				
18. Has perpetrator hurt others? Has perpetrator abused past partners?				
19. Has perpetrator ever abused animal, particularly family pet?				
20. Is perpetrator in financial crisis or making victim dependent on him for money, or facing unemployment?				
21. Is perpetrator using drugs or alcohol in problematic ways?				

Is perpetrator currently depressed or have any other problems with mental health or taking any medication for depression or other mental illness?				
22. Has perpetrator ever thought about or threatened suicide or tried to kill themselves?				
23. Has perpetrator ever broken bail order or injunction? Are they denying this?				
24. Does perpetrator have criminal record? Is any of this for domestic violence?				

Additional guidance for asking perpetrators about abuse

Physical abuse

Asking the perpetrator and also the victim which incidents they consider to be the worst and the most recent will often tell you a great deal.

You will often be gathering information about the range of abusive behaviour a perpetrator says he has used as part of your initial assessment. You may wish to ask supplementary direct questions according to the questions on the RIC, or record information he reveals in group work, or a combination.

Sexual abuse

You will need to be aware of the likelihood that the perpetrator will not want consider himself as having used sexual abusive behaviour.

Perpetrators, particularly at the assessment or initial stages of the group work intervention, are unlikely to recognise the sexually abusive behaviour they will have used. However, almost every perpetrator who uses physical violence or threats will have carried out some sexual behaviour which was not consensual, but he is not likely to recognise this until he has done some work in the programme. You can ask if he thinks his partner has ever gone along with sex or sexual activities “for a quiet life” or because she was scared of what he might do.

You can ask a perpetrator what effects he thinks his violence may have had on his sex life with his partner – this may reveal information about coercive sexual acts.

Coercion, threats and intimidation

Ask the perpetrator about damage they have done to property – this is particularly important for those perpetrators who have not acknowledged or recognised the full range of abusive behaviours or those who are minimising or denying physical violence.

Ask perpetrator if he has ever followed or checked up on his partner (stalking questions)

Ask perpetrator how often he usually texts or phones his partner/ex-partner

Ask of he harassed or checked up on his partner (ex-partner) at her workplace, has he waited for her to leave work and watch to see if she is with someone. (this information may be helpful for safety planning)

Ask perpetrator how the arrangements for child contact are and if he has felt he had to take action which his ex-partner did not like in order to get access to the children – this will tell you more about any possible conflict over child contact and associated risks

Economic abuse

Ask perpetrator if he is working and if his partner is working. If he is working and she is not, ask him how she gets money. Ask if he gets the child benefits or child care tax credits paid to him. Ask him how he feels about his partner working. Ask him how he feels about his current money situation.

Children and pregnancy

Perpetrators may be a risk to children from several different combinations of parents, including their own with the primary victim, a new partner's children, children of foster parents, etc.

Find out which children the perpetrator has contact with – his own, new partner's, ex-partner from previous relationship. Remain alert to information he is giving in group work about his children and other children he has contact with.

Find out if any of the relevant women are pregnant at the moment, not just the current victim.

His mental state

Ask the perpetrator if he has been feeling down or depressed. Ask if he has ever hurt himself or considered hurting or killing himself. Ask if he has ever acted on these thoughts. Ask if he has ever had medical treatment or medication for depression. Ask if he is currently having such treatment or has been told he should.



Pro forma for recording decisions about RIC results and referral

Do you believe that there are reasonable grounds for referring this case to MARAC? Yes/No

If yes, have you made a referral? Yes/No

Details of the referral (who did you refer to)

Date of MARAC:

Who will attend from this agency:

Do you think it is necessary to contact another agency, such as police or solicitor or Cafcass: Yes/no

If yes, which agencies? Please write names and contact details here:

Do you believe that there are risks facing the children in the family? Yes/No

If yes, please confirm if you have made a referral to safeguard the children:

Yes/No Date referral made

Safeguarding referral contact details (who did you refer to):

Signed:

Name:

Job role:

Date:

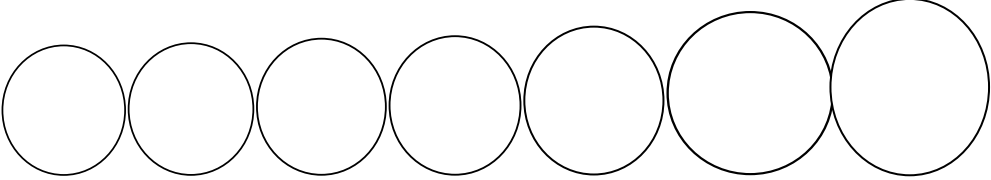


De-escalation plan (only to be used in partnership with specialised children's services DA provision) please upload onto documentum

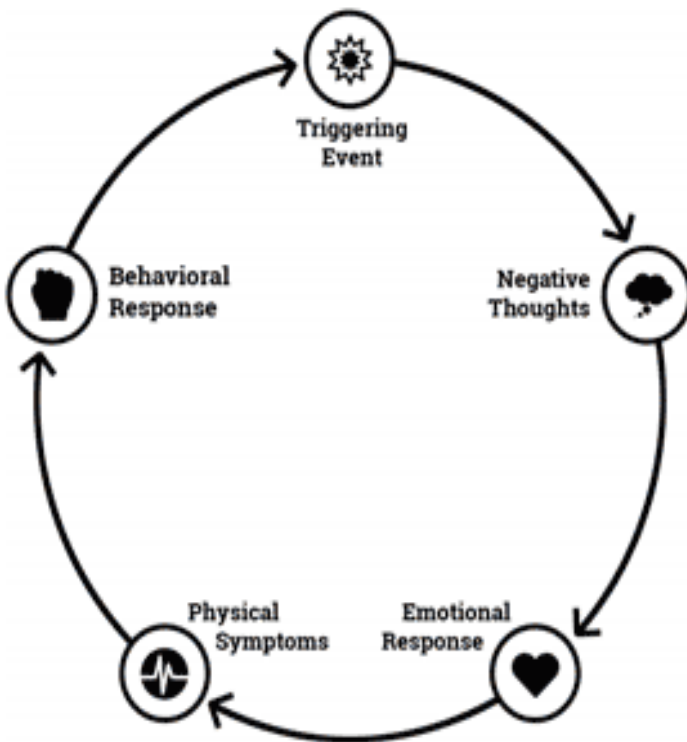
Purpose

This plan is an aid to support you to management your behaviours more effectively.

Please state what behaviours you display when emotionally charged



The Cycle of Anger



Triggering Event
An event or situation "triggers" a person's anger. Examples:

- Getting cut off while driving.
- Having a bad day at work.
- Feeling disrespected.

Negative Thoughts
Irrational and negative thoughts occur as a result of the triggering event. Examples:

- "I'm the worst parent ever."
- "The jerk who cut me off doesn't care about anyone but themselves."

Emotional Response
Negative thoughts lead to negative emotions, even if the thoughts are irrational. Examples:

- Feelings of shame and guilt due to being the "worst parent ever".
- Rage directed toward a bad driver.

Physical Symptoms
The body automatically responds to anger with several symptoms. Examples:

- Racing Heart
- Sweating
- Clenched Fists
- Shaking

Behavioral Response
The person reacts based upon thoughts, feelings, and physical symptoms. Examples:

- Fighting
- Arguing
- Yelling
- Criticizing

Reviewing the anger cycle with your most recent incident in mind please state a plan to manage your emotions more effectively.

I will;

- 1
- 2
- 3
- 4
- 5

I will not;

- 1
- 2
- 3
- 4
- 5

I am responsible for my behaviours and will take accountability for them

I will take a time out if I feel.....

I will contact for support.....

I will go to

I will use this de-escalation plan to keep myself and my family safe and will not breach the working agreement I have signed and I am aware that if this occurs Salford City council may take action to protect the welfare of my child/ren

Signed.....

Date.....

Appendix A: Individualised safety and support plan

Options and advice

Is it safe to take this home with you? Where will you keep it?

Use this aide memoire to identify the different options which may help improve your person's safety. Keep a copy on the person file and one for your person to take away with them.

<p>General safety planning</p> <ul style="list-style-type: none"> • Think about the unique risks posed to your person in the home/work/social settings through your risk assessment. Is your person aware of them? • Plan escape routes. • Advise them to develop code words with children or people they know to tell them you need help. • Encourage them to carry a phone charger, keep their phone charged and carry small change for a public phone. • Change routine where possible? E.g. Use a different bus route. • What about their safety at work? Do their employers know what is happening? • Refer high risk cases to MARAC? 	<p>Separating & post separation</p> <ul style="list-style-type: none"> • NB: Separation and the several months afterwards is a dangerous time for your person. If possible, keep in regular contact. • Code words can be a useful way for your person to tell you and others they need help. • Talk through your person's escape route. • Advise them to prepare a bag in case they leave in an emergency. • If your person goes to a scheduled regular event each week (i.e. baby clinic/baby group/college) they could use this window of time to leave. • Once they have left encourage them to change their number & routine. • They should only tell people they trust about their plans to leave. 	<p>Emergency bag: What to pack:</p> <ul style="list-style-type: none"> • Change of clothes for you and child(ren) • ID for you and child(ren) (e.g. passports/birth certificates/driving licence) • Money – access to money/bank cards/chequebook • House & car keys • Benefits info & access to benefits • N.I. number • Any medication and repeat prescriptions • House & car docs • Health/house/car insurance docs • Diary • Child(ren) toys • Family photos • Recent photo of perpetrator – useful for service of civil orders and police investigation. <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>
<p>Health & wellbeing</p> <ul style="list-style-type: none"> • Does the person need any medical assistance as a result of the incident? • Do they need to access to general health services? e.g. GP/dentist/ante natal services • Do they need to access a SARC or a sexual health clinic? • Are there any substance misuse issues? • Does the person need any access to mental health services? • Does the person have a disability that affects the safety options available to them? • What about persons wider support networks? 	<p>Legal</p> <ul style="list-style-type: none"> • What criminal legal options are available? • Encourage police reporting and police response. • Do you need to support person at court? • What civil legal options are available? Referral to solicitor? • Are there any breaches of bail / civil / criminal orders • Are there any children? Is there any legal protection needed for the children? • Any immigration issues? Do you need to refer on for immigration advice? • Does the person's financial situation have an impact on the above options? • Is probation involved with person / perpetrator? How can they help? 	<p>Children</p> <ul style="list-style-type: none"> • Does the perpetrator have access to the children? • Do they have PR / custody? • Is the school aware of the situation? • Is the school a flash point? • Do they need to be factored into any orders? • Do they have copies of orders? • Consider what support the children might need.
<p>Housing & security:</p> <ul style="list-style-type: none"> • Does the person need to access temporary accommodation? • What about other housing options? What is the safest option for your person? What about longer term housing solution? • Is refuge suitable and necessary? • What about security measures? i.e. Sanctuary / occurrence markers / cocoon watch / target hardening • Fire Safety Assessment • Does the housing association/authority know what is happening? Is there a notification flag on the address? • Are there any arrears? • What about housing action against perpetrator? 	<p>Financial</p> <ul style="list-style-type: none"> • Does the person have access to finances? If so, what? Benefits? Child benefits? In employment? • Does perpetrator and / person have access? • Any debts? Any housing arrears? Whose are they? • Are there any perpetrator / person drug or alcohol issues which impact finances? • Are there any immigration issues affecting persons access to finances? 	
	<p>Additional support factors</p> <ul style="list-style-type: none"> • Any substance misuse, mental health or disability issues? • Are there any services to refer person to? 	

Appendix B

Dealing with an emergency call

If life is in danger – call 999

Step 1

Identify basic person details

- Confirm **name, current location and phone number** in case you get cut off.

Step 2

Assess the immediate danger

- Where are they?
- Are they safe at the moment?
- Are emergency services already on their way?
- Where is the perpetrator now?
- When is the perpetrator expected to return?
- Can the perpetrator gain access - do they have keys?
- Are there any children? Are they in danger?
- Is the (female) caller pregnant?
- Has the caller or children been injured?
- Was a weapon involved?
- Have there been specific threats?

Step 3

Offer immediate options

- Call the police.
- Call medical services if needed.
- Go to a safe place with any children.
- Consider refuge/emergency housing if the person has no friends or relatives with whom they can stay safely.
- Meet the person at the hospital, the police station or somewhere else **safe**.
- Ask the person to call you back as soon as they have arrived at the agreed safe place (always get numbers of intended destination, mobiles, etc.).
- Arrange lock changes, panic alarms etc if they intend to return home quickly.
- Arrange civil injunctions if appropriate.

Step 4

Address safety

- Talk to the person about their safety for the night, their short term options (including addressing safety when at work), and plans for follow-up contact with you.
- Complete a SafeLives Dash risk checklist if possible or set up a time to talk go through in detail.
- Talk to them about initial safety issues and set up a time to talk about a safety plan for the future.
- Make an initial crisis plan.
- **Keep a written record** of the proposals, plan and other options considered, even if not implemented at this stage

Individualised Safety and Support Plan

Is it safe to take this home with you? Where will you keep it?

Notes to practitioner

Before filling this out complete a SafeLives Dash risk checklist or review it.

Person name / ref	XXXXXXXXXXXXXXXXXXXXXXXXXXXX			Intake date		ISSP date		Page		of	
Created on	10/04/2020	Reviewed on		Reviewed by		Completed by CPCO XXXXXXXXXXXXXXXXXXXX					

List the risk factors or issues you would like to address	Agreed action	Who will do this?	By when?	Date complete	Comment
Olivia is scared of future violence from Craig.	SIDASS referral to be completed. Target hardening and Fire Services checks to be completed Safety plan to be explored	CPCO SIDASS CPCO/Olivia	10/04/2020 25/04/2020 10/04/2020	10/04/2020 10/04/2020	Olivia to be provided with copy of this safety plan by allocated SW within 5 days of allocation.
Concerns as to if Craig was to return	SIDASS to support with non-molestation order	SIDASS	6-8 weeks from allocation		
Olivia would like to build her self-confidence and self-esteem	Together Women's Project referral to be made. Together Women's project to offer appropriate support	10/04/2020 2 weeks following referral	CPCO TWP	10/04/2020	
Olivia to have therapeutic support around the trauma and domestic abuse she has experiences	Together Women's Project to link Olivia with internal counselling service	2 weeks following referral	TWP		

Person name / ref							Page		of	
Created on	10/04/2020	Reviewed on		Reviewed by						

**Individualised safety and support plan
Options and advice**

Is it safe to take this home with you? Where will you keep it?

Notes to practitioner

Use this section to document the options and advice relevant to your person's situation. Keep a copy on the person's file and, if it is safe, give a copy to your person to take away with them

Person name / ref	Amy Jackson	Page		of	
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General safety planning
Advice on: Routine/safety at home, work, social settings/plan escape route/code words
Amy and SW explored her routines and travel. amy discussed that she does not have a specific routine however would take different routes if she felt she needed to. amy was clear she does not believe that Craig is aware of her address or any of her family members addresses.
Amy has moved from Salford and states she has no reason to return to Bolton, her friends and family are all in Salford.
Amy discussed her property. There is a front and back garden, her living room and kitchen are open plan. Amy has the key to the back gate in an accessible place. She will also lock all doors and windows and keep her mobile, which is a contract phone charged.
Amy works at Tesco in Irlam her manager is supportive but is unaware of service involvement and the domestic abuse. The store has a security guard and is covered by CCTV.
The case has previously been heard at MARAC in Bolton. CPCO has completed a referral to SIDASS on 10/04/2020

Separating & post separation
Code words/escape route/ plan for leaving/support post separation
COVID-19 contact is set out in the outline CP plan. Health Visitor will contact Olivia 2 weekly via telephone to check in. SW to contact Amy 2 x weekly to check in.
Amy safe phrase/Code word is "I'm going to see my sister". (Amy does not have a sister she has half-sister who she has no contact with Craig is not aware of this)
Discussion and Advice given regarding preparing a bag and Amy has stated if needed she can go to stay with her mother.
Amy is in nearly daily contact with her mother and best-friend she reports if they could not get hold of her they would visit the her house to check on her.
Amy has changed her mobile phone number and checked her social media settings with previous SW in Bolton.

If I need to leave I will try and take with me...
Clothes and stuff for Evie.

Legal

Children

In an emergency, I

Advice on: Criminal & Civil Options/police reporting/court support/breaches/any child contact/residence/protection issues/immigration/probation involvement for person or [ex] partner or family member

Amy would like to gain a non-molestation order against Craig. There are no current legal orders or police investigations that Amy is involved in.

Advise offered to Amy regarding engaging is prosecutions if future incidents occurred and support that could be offered.

[Ex]partner, family member access to children & school/PR status/CYPS ref/support for children

Eve is not Craig's daughter. He has not contact with Eve and Amy is aware that if there were any contact this would be worrying.

will try to take...

Person name / ref		Page		of	
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Financial

Advice on: Access to finances, benefits/housing areas/D&A or immigration issues affecting finances

Amy informs she has changed her bank accounts details. One incident occurred as Craig wanted money from Olivia to buy cocaine.

Amy has a part-time job allocated SW will need to explore debt/money management. However this has not be explored as a concern.

Housing and security

Advice on: emergency and longer term housing option/security measures/ fire assessment

Amy has fled Bolton to Salford. She is living in a private tenancy and has a 6 month contract with the option of extending this after 6months.

CPCO explained support of emergency accommodation/refuges if needed. Olivia discussed that she and Eve can also stay with her mum if needed.

Amy dos want Target hardening and fire safety assessment on her current property.

If I need to leave I will try and take with me...

Health and wellbeing:

Advice on: immediate medical needs, access to sexual and general health services, mental health services and whether person has

Additional support factors:

D&A/mental health/disability

In an emergency, I will try to take...

disabilities compounding situation

Amy reports to have no physical or learning needs. Amy reports to have no mental health diagnosis however accepts she has suffered trauma and domestic abuse.

Amy would like to engage in support around self-confidence and self-esteem building. CPCO also explored Olivia accessing counselling and she agreed this is also something she would engage with.

Amy feels she has a good support network with family and friends she named having contact with her mum, dad, twin brothers, cousins, best friend. Amy discussed all live close to her and would help her if and when needed. Amy has contact nearly daily with her mum and best friend and they know if cant get hold of Amy to go to the family home.

Amy reports to have no drugs or alcohol issues. SIDASS referral completed on 10/04/2020. Together Women's Project referral to be made

The service can be contacted on:

Amy has been text the EDT telephone number, CPCIN duty number and has work mobile number of CPCO due to no CPCIN SW being allocated at the time of completing this form.

We are open:

Appendix C- completed working agreement

Working Agreement
between
Salford Children's Services
And
Jon Snow
in respect of
Managing behaviours deemed to be categorised-Domestic abuse
Date
11/11/2019

This agreement is part of the plan to improve the safety and wellbeing of your child. You should not sign it if you do not understand or agree with the contents, or do not think you are able to carry them out. This agreement is a mandatory form created to support in the management of risk when domestic abuse is a current or historical factor. This agreement aids to be a preventative measure to reduce further harm to a child/ victim, placing expectations on the person who harms to not display behaviours deemed harmful.

Parent agrees to:

- Not contact XXXX
- Not display any behaviour deemed harmful to others
- Not attend the property of xxxxxxx

- Not use a third party or any form of social media to harrass xxxxxxxx
- Not to display any behaviours deemed abusive in the presence of a child
- To attend all CP meetings requested.
- Engage in completing inventory assessment and de-escalation plan.

Significant others agree to:

- Support the agreement signed
- Support with the contact arrangements Example- drop off or pick up points for contact
- Support XXXXX to attend XXXX for support with XXXX

Salford Children's Services agree to:

3. Undertake a risk assessment to inform you of how best to protect your child from harm
4. Provide any support is felt needed during and following assessment

If the agreement is not followed, Salford Children’s Services will be very worried about (child/children’s) safety. The following could then happen:

- 3. Convene an Initial Child Protection Conference
- 4. Seek Legal Advice

The agreement will be reviewed during home visits and meetings where the plan is discussed. Any changes to the agreement will be discussed and agreed with you. The agreement will be shared with all professionals involved with your child, so they can make sure everyone is doing what they have agreed to do.

This agreement will be in place until the first review in 15 days. The agreement may then become part of longer term plan, it may change, or it may end.

If you are not doing what you have agreed to do, you should contact the social worker on 0161 603 4222 at the earliest opportunity. If the social worker is unavailable, you should ask for a duty worker.

If you think that Salford Children’s Services are not doing what they have agreed to, you should first speak to the social worker about this. If you are not happy with what they say, you should speak to the team manager Victoria Long. If this has not resolved the issue, you may contact the Customer First Service via email: complaints.cs@salford.gov.uk or complete the on-line complaint form at www.salford.gov.uk

Signed..... (parent/carer) Date:

Signed..... (social worker) Date:

Signed..... (team manager) Date:

Parent (or other involved party) not part of agreement:.....
Reason:.....
.....
.....

Version Control:

Author	Claire Baddley (children DA lead) Emma Ford Head of Safeguarding Children	Version 1		Date: 18/02/2020
		Version 2		15/07/2020
	Claire Baddley DA lead for childrens services	Version 3		01/06/2021
	Claire Baddley	Version 4		07/01/2022
Reviewed by	DA SQUAD Childrens Leadership Managers Workshops			18/02/2020 27/02/2020
Contributors	DA SQUAD- Multi agency Childrens Services Managers			23/9/2020
Revision	01/06/2021			
Sign off				

