

| Children's Pathways for Domestic Abuse | |
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| SUBJECT: | Domestic Abuse |
| ATTACHMENTS: | 1. Theory of Change 2. Practice Guidance |

1. PURPOSE OF REPORT

This report sets out the practice improvement work that has taken place in relation to our work with children and their parents where domestic abuse is a concern. Domestic abuse remains a significant concern and risk to children in Rochdale with wide ranging impacts on their safety and development. Children who have experienced domestic abuse are over represented in those who have poor outcomes in education, poor emotional and physical health, are over represented in young people who become involved in youth crime, including serious youth crime, and are vulnerable to exploitation and abuse. As adults, those who have lived in families where domestic abuse is present, are over represented in prison populations, in those with poor mental and physical health, and in those who are un or under employed.

2. BACKGROUND

Our impetus to improve our work with children and families affected by domestic abuse was further strengthened after Ofsted told us in June 2021: *"An increasing number of children in Rochdale experience emotional harm as a result of the impact of domestic abuse. Children and adults experiencing domestic abuse have access to specialist services. However, the nature of abuse, the behaviour of those who abuse, and the experiences of the victims of domestic abuse are not always comprehensively assessed and understood. This means that some children repeatedly experience harmful situations because the plans to protect them are overly optimistic"*.

Consequently, we submitted a bid for a peer review to the **Children's Social Care COVID-19 Regional Recovery and Building Back Better Fund** in July 2021 which provided opportunity to accelerate the pace of recovery and improvement. Access to the funds was designed to bolster the region's readiness for the outcomes of the Independent Review of children's social care and DfE SEND review.

Salford children's services were identified as our Sector Led Improvement Partner, with 39 days allocated. We set about identifying the priority areas and challenges through a diagnostic process, identifying where Salford could provide support to improve partnership/social work practice, systems and processes. Between us we agreed the key areas where learning and innovation

could be shared. We set the baseline through a stock-take in November 2021 with key partners.

3. PROGRESS TO DATE

In January 2022, colleagues from Salford supported us through a guided Theory of Change process. The Salford team set the project group a number of questions in advance, to shape the wider meeting, which included the lead member for children, to think about where we are now, what will make change happen, indicators of success, how will it be different and what impact will our changes make. The Theory of Change is attached as Appendix 1.

In February and March 2022 we worked with Salford colleagues to develop our domestic abuse pathways, and the Salford team have worked with our Domestic Abuse lead to support our approach to more sustainable commissioning, based on our new joint strategic needs assessment.

In April 2022, Salford colleagues delivered two senior leadership training sessions, introducing partners to the Rochdale draft pathways and the tools for working with people who abuse and people who become victims of domestic abuse. Salford have shared their safeguarding website, with many more tools including some for working directly with children and young people. We have worked closely with the Community Safety Team in April 2022 to ensure all developments are aligned with and enhanced our overall domestic abuse strategy. The sector led improvement work on domestic abuse has been discussed at the Domestic abuse steering group and to the Children and Young People's Partnership.

During May 2022, Salford colleagues have rolled out the training on the tools over four full days to managers and advanced practitioners across children's social care and early help alongside managers from partner organisations. This has involved two days training for each manager, one on the pathways for work with victims of domestic abuse, including the tools that should be completed and one day on the work with those who abuse also including the tools that should be completed.

This training will be rolled out for the full relevant workforce within Children's Services and for partners over the next few months with refresher training and training for new starters built in to a forward training programme.

4. WHAT MORE DO WE HAVE TO DO

- Roll out training within children services and with partners in the pathways for abusing and non-abusing partners.
- Launch the Practice Guidance and pathways with a series of communication events by 1st August 2022.
- Confirm how we will routinely capture the partnership indicators of success, agreed when we conducted our Theory of Change. Hold a partnership task and finish group during June to confirm the mechanism for gathering and

collating the data, how it will be incorporated into the Domestic Abuse Strategic Plan and routinely reported on at the Domestic Abuse Steering Group.

- Develop the standard templates in our electronic data recording systems for Children's Social Care and Early Help) so that we can track their usage with families where domestic abuse is a concern.
- Plan to undertake periodic, planned thematic audits of the records of children who live in families where domestic abuse has been a concern.
- Develop a domestic abuse section of the Safeguarding Children Partnership website with the pathways, practice guidance, tools and other resources.

5. RECOMMENDATIONS

The governance arrangements are proposed to be via the Domestic Abuse Steering Group with a standard agenda item of services for children at all meetings to drive improvements at pace and provide oversight of progress.

Consider the development of a job description and person spec and recruitment to a post of Childrens Domestic Abuse Coordinator to work alongside our current Domestic Abuse Coordinator. The current DA Coordinator job description is attached (Appendix 4). It is anticipated that the role would be graded at approximately a Grade 8 at a cost of £53k at the top of the scale. This role would lead the implementation of the domestic abuse pathways, taking responsibility for the work described above.

Appendix 1:

Theory of Change: Rochdale 'Domestic Abuse' 21.02.2022

| Where are we now? | How are we going to make this happen | INDICATORS OF SUCCESS | How will it be different | What impact will this have |
|--|--|---|---|---|
| Inconsistent approach to victims, children and perpetrators affected by DA, depending on which service they deal with. | YOUNG PEOPLE & FAMILIES <ul style="list-style-type: none"> Midwifery services will continue to see women alone allowing space for DA disclosure. Specialist counselling will be made available to support children who have experienced DA STAFF & SERVICE DELIVERY <ul style="list-style-type: none"> Review current commissioned services DA offer. Steering Group propose a Business Case for evidenced sustained and resourced services to meet need. GP practice buddying system to embed knowledge and skills from webinar sessions. All staff are trained and equipped to respond, in an agreed Rochdale partnership way, to domestic abuse incidents. | <ul style="list-style-type: none"> Increased referrals to support services for victims and families Challenge Visits will evidence GP's proactive approach to DA and early identification of DA through 'Think Family'. Domestic Abuse Commissioning Strategy is live and informs a tender process. Reduced DA repeat GMP call outs. Reduction in care proceedings, CP, CLA as a result of DA. Case audits and dip samples evidence impact of improved service offer. Children will feel supported (experience of service questionnaire) | YOUNG PEOPLE & FAMILIES <ul style="list-style-type: none"> Bespoke and targeted nuanced services. Early and appropriate response from confident and informed frontline practitioners. STAFF & SERVICE DELIVERY <ul style="list-style-type: none"> Equipped workforce who will recognise indicators of DA and respond appropriately based on knowledge of support services and pathways. Improved partnerships resulting in a resourced integrated system wide approach. Practitioners are curious and challenging to arrive at an accurate assessment. Resourced services based on a shared strategic plan. | <ul style="list-style-type: none"> Domestic abuse is identified at the earliest stage by confident and skilled professionals. Practitioners are confident and resourced to respond to DA in a timely way without the need to refer to another agency is this is what a victim wants. Domestic abuse services are informed by a multi-agency strategic plan, resourced, and meet the need of families, victims and perpetrators. |
| Lack of a practitioner toolkit and training compounds inconsistent responses across agencies. | STAFF & SERVICE DELIVERY <ul style="list-style-type: none"> Accurate and purposeful data informs targeted service delivery and overall strategic policy. Systemic change working towards a shared and nuanced DA response. Agree Rochdale tools and model for understanding and responding to domestic abuse. Common shared response accurately informs assessments and risk plans. Differentiated response with bespoke responses which recognises the difference between family conflict and depending on circumstances. Informed assessments mean families can safely be supported in Early Help. | <ul style="list-style-type: none"> Domestic Abuse Commissioning Strategy is in place. Reduced number of children on CP plans as a result of DA as cases are managed at a lower threshold. Potential rise in DA reporting and service intervention as all agencies are better informed and equipped to identify at the earliest stage. Reduced referrals to high-risk DA meetings. Cross agency case audits (similar to PPP) evidence informed assessments. Dip sample evidences improved outcomes when families have remained together. | YOUNG PEOPLE & FAMILIES <ul style="list-style-type: none"> Access to the right service first time. Services are local which increases chance of take up at an early stage. Families understand how they are supported and what to expect. STAFF & SERVICE DELIVERY <ul style="list-style-type: none"> "We are clear about what we do around here and the so what?" Future Needs Analysis will not have gaps in data. Services are outcome not output (KPI) focussed. Trained workforce will have a menu of services to deliver bespoke interventions. Evidence based pathway informing a multi-agency offer. Increased number of cases safely held in Early Help rather than CP. | <ul style="list-style-type: none"> Families are able to stay living together where it is safe to do so. Known risk is managed. Families are supported as a whole unit- victim, perpetrator and children- if this is what they want, and it is safe to do so. Systemic multi agency improvements as partners are clear about their role in a joined-up plan. Less crisis and emergency situations requiring GMP attendance as families are not living in abusive situations. Practitioners feel confident in safely assessing risk of DA. Families are voluntary working with support, rather than feeling 'done to'. Children tell us they feel safe living with their family. |

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| Current response is victim focussed with limited resources towards perpetrator and children. | STAFF & SERVICE DELIVERY <ul style="list-style-type: none"> Review of current commissioned services and DA offer. Identify new service model and present an informed business case for resource allocation and investment with Senior Management oversight and permission. Better understanding of drivers of perpetrator behaviour. Plans are written from child's perspective "When you do this daddy, it makes me feel...." Education partners are active members of Project Board. | <ul style="list-style-type: none"> Reduction in GMP call outs to longstanding DA cases. Increased perpetrator attendance at and participation in meetings and discussion-particularly CP. Evaluation of DA Toolkit and Healthy Relationship courses in secondary schools reduces harmful behaviour in adolescent relationships. MARAC data evidences reduction in 16 / year olds presenting. | YOUNG PEOPLE & FAMILIES <ul style="list-style-type: none"> All family members, including perpetrators are heard and participate in decision making and case conferences. Potential perpetrators are identified and worked with at a younger age to reduce their abusive behaviour and risk of criminalisation. Lived experience of DA does not develop into abusive and controlling behaviour. Perpetrator services are informed by professional insight into early trauma. STAFF & SERVICE DELIVERY <ul style="list-style-type: none"> Specialist DA triage/front door. Defensible decision making based on robust joint working, assessments, and information sharing. | <ul style="list-style-type: none"> Consistent cross agency approach with an evidenced based response will give a greater strategic understanding of DA in Rochdale. Perpetrators participate in meetings. Services are working with perpetrators to address and affect long term behaviour change. DA responses and risk plans are based on shared and robust joint working. Services understand barriers to perpetrator engagement and adapt delivery to increase their participation. Adolescents with lived DA experience are viewed as victims rather than criminalised as perpetrators. |
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Practice Guidance: Identifying and Responding to Domestic Abuse Children and Families

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Purpose

This resource aims to provide the framework of a consistent and effective response to tackling domestic abuse within children and families life's 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 of domestic abuse as detailed within the Domestic Abuse Act 2021.

Although domestic abuse is most commonly thought of as violence between intimate partners this is not always the case. The Domestic Abuse Act 2021 acknowledges that domestic abuse can be emotional, controlling or coercive, or economic abuse. It can affect men, women, those in same sex relationships and abuse between family members. 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 creates.

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.

Key statistics about domestic abuse in England and Wales

- Each year nearly 2 million people in the UK suffer some form of domestic abuse - 1.3 million female victims (8.2% of the population) and 600,000 male victims (4%).
- 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: 95% of those going to MARAC or accessing an IDVA service are women.
- In 2013-14 the police recorded 887,000 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 victims at high risk of serious harm or murder live with domestic abuse for 2-3 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. (Safe Lives 2022)

Rochdale Statistics

- 72% of children on a child protection plan in June 2020 had domestic abuse as a feature
- 55% of children in Local Authority care had domestic abuse as a factor (June 2020)
- 44% of the serious case reviews in Rochdale where a child has been killed or seriously harmed have had domestic abuse as a factor
- There have been 15 domestic homicides in Rochdale since 2011

For further information in relation to Rochdale Borough Council Domestic Violence and Abuse Strategy please visit

<http://www.rochdale.gov.uk/council-and-democracy/policies-strategies-and-reviews/strategies/adult-social-care/Pages/domestic-violence-and-abuse.aspx>

Legal definition of domestic abuse:

Abusive behaviour is defined in the Domestic Abuse Act as any of the following:

- physical or sexual abuse
- violent or threatening behaviour
- controlling or coercive behaviour
- economic abuse
- psychological, emotional or other abuse

For the definition to apply, both parties must be aged 16 or over and 'personally connected'.

'Personally connected' is defined in the act as parties who:

- are married to each other
- are civil partners of each other
- have agreed to marry one another (whether or not the agreement has been terminated)

- have entered into a civil partnership agreement (whether or not the agreement has been terminated)
- are or have been in an intimate personal relationship with each other
- have, or there has been a time when they each have had, a parental relationship in relation to the same child
- are relatives

Domestic violence and abuse can take different forms including but not limited to:

- **Physical abuse:** pushing, hitting, punching, kicking, choking and using weapons.
- **Sexual abuse:** forcing or pressuring someone to have sex (rape), unwanted sexual activity, touching, groping someone or making them watch pornography.
- **Financial abuse:** taking money, controlling finances, not letting someone work.
- **Emotional abuse or coercive control:** repeatedly making someone feel bad or scared, stalking, blackmailing, constantly checking up on someone, playing mind games. Coercive control is now a criminal offence under the Serious Crime Act 2015.
- **Digital or online abuse:** using technology to further isolate, humiliate or control someone.
- **Honour-based violence:** this is abuse justified to protect the honour or respect of a family or community, such as forced marriage and female genital mutilation.

The Domestic Abuse Act became law on 29th April 2021. It recognises that domestic abuse can impact on a child who sees or hears, or experiences the effects of the abuse and it treats such children as victims of domestic abuse in their own right where they are related to or under parental responsibility of either the abuser or the abused.

Coercive Control

Coercive control 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.

This controlling behaviour is designed to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour.

. 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 (Women's Aid 2022)

Definition of Parental Conflict

Practitioners working with families should be confident in identifying what is domestic and abuse and what is parental conflict.

Conflict is when two people are not getting on in usually fairly equal measures. If there are signs of controlling behaviour, fear, imbalance of power that adversely affects one person in a relationship, this can be an indicator of an abusive relationship and above the threshold of parental conflict.

Conflict is about disagreeing and is a normal part of healthy relationships. However, when parents are entrenched in conflict that is **frequent, intense and poorly resolved** it is likely to have a negative impact on the parents and their children.

The difference between arguing in a healthy relationship versus unhealthy is that the argument tends to be focussed on finding resolution not on winning. In an unhealthy relationship arguing is personal, never gets to a solution and becomes all about winning at all costs.

Constructive conflict tends to involve an apology when things escalate away from resolution as at the heart of the conversation is the desire to find a solution. Damaging conflict does not have this focus on a solution. It is damage on top of damage. There is only rupture and no repair.

Damaging conflict between parents can be expressed in many ways such as:

- aggression
- silence
- lack of respect
- lack of resolution

The Parental Relationships Spectrum is helpful to identify the possible places a couple can find themselves in their relationship from healthy conflict to domestic abuse.

Parental conflict is not covered by this practice guide however practitioners should need support in relation to working with families where parental conflict is present then please consult with Early Help Locality teams.

Introduction

Rochdale Borough Council and the Rochdale Safeguarding Children Partnership is committed to supporting practitioners to deliver an effective and consistent response to victims of domestic abuse and their children.

The main aim of our approach in responding to domestic abuse is to ensure:

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

This Domestic abuse practitioners pack provides 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 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.

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.

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

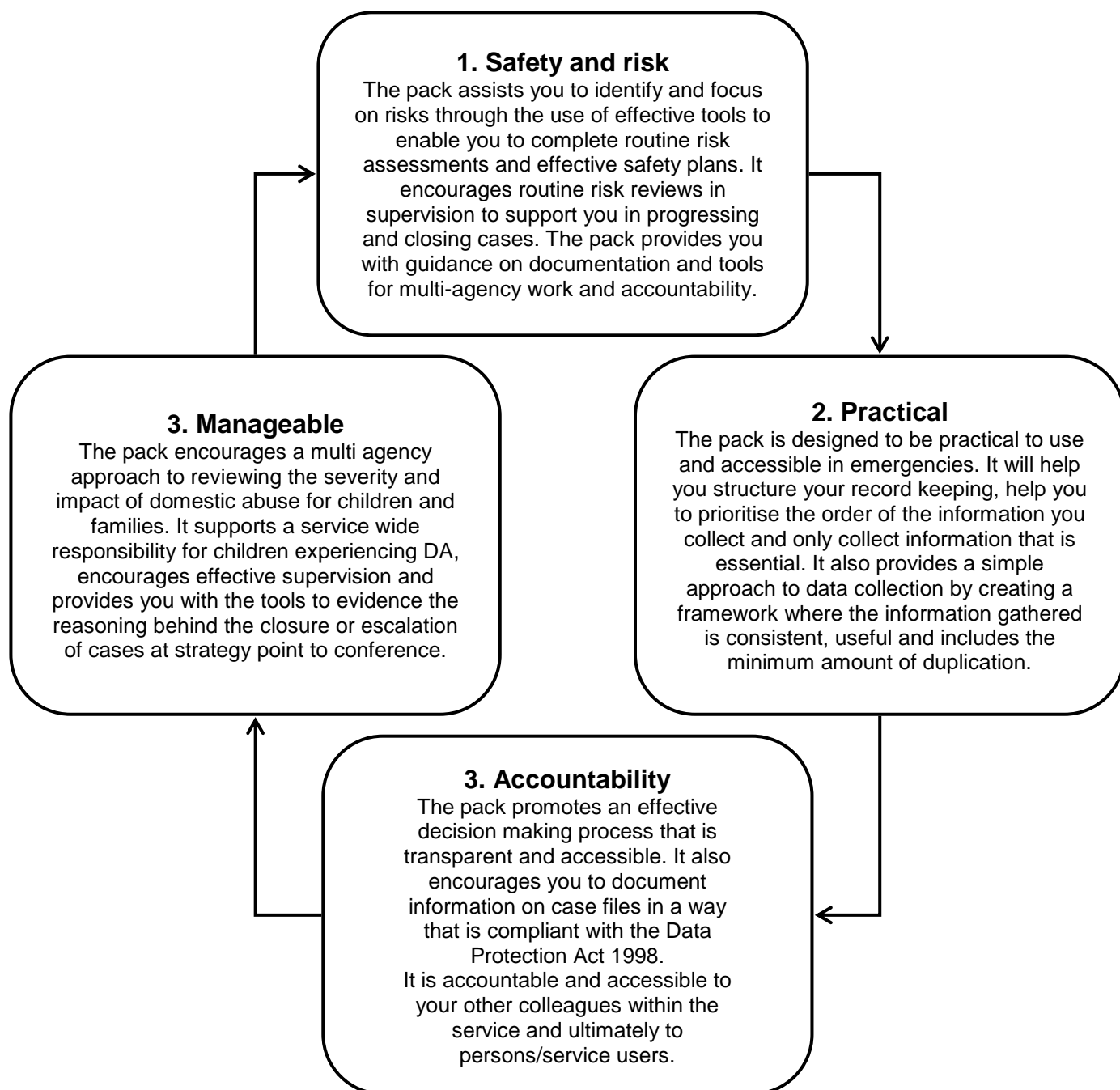
Its aims:

- To support decision making regarding what the right support, at the right time is for a child and family (utilising the Rochdale Borough Children's need and response framework document and professional judgement).
- The step by step process to follow when dealing with domestic abuse.
- The core components of practice when supporting a victim or perpetrator of abuse.
- Guidance on what tools to support professional judgement can be used and when, ensuring that risk is dynamically assessed and reviewed.
- Introduce the victim tools - Safe-lives DASH, severity of abuse grid and safety planning tool.
- Introduce the perpetrator tools - Respect perpetrator DASH, an inventory of controlling behaviours, de-escalation and control log.
- Guidance on how to use each form, how to embed this 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.

Foundation for Effective Practice

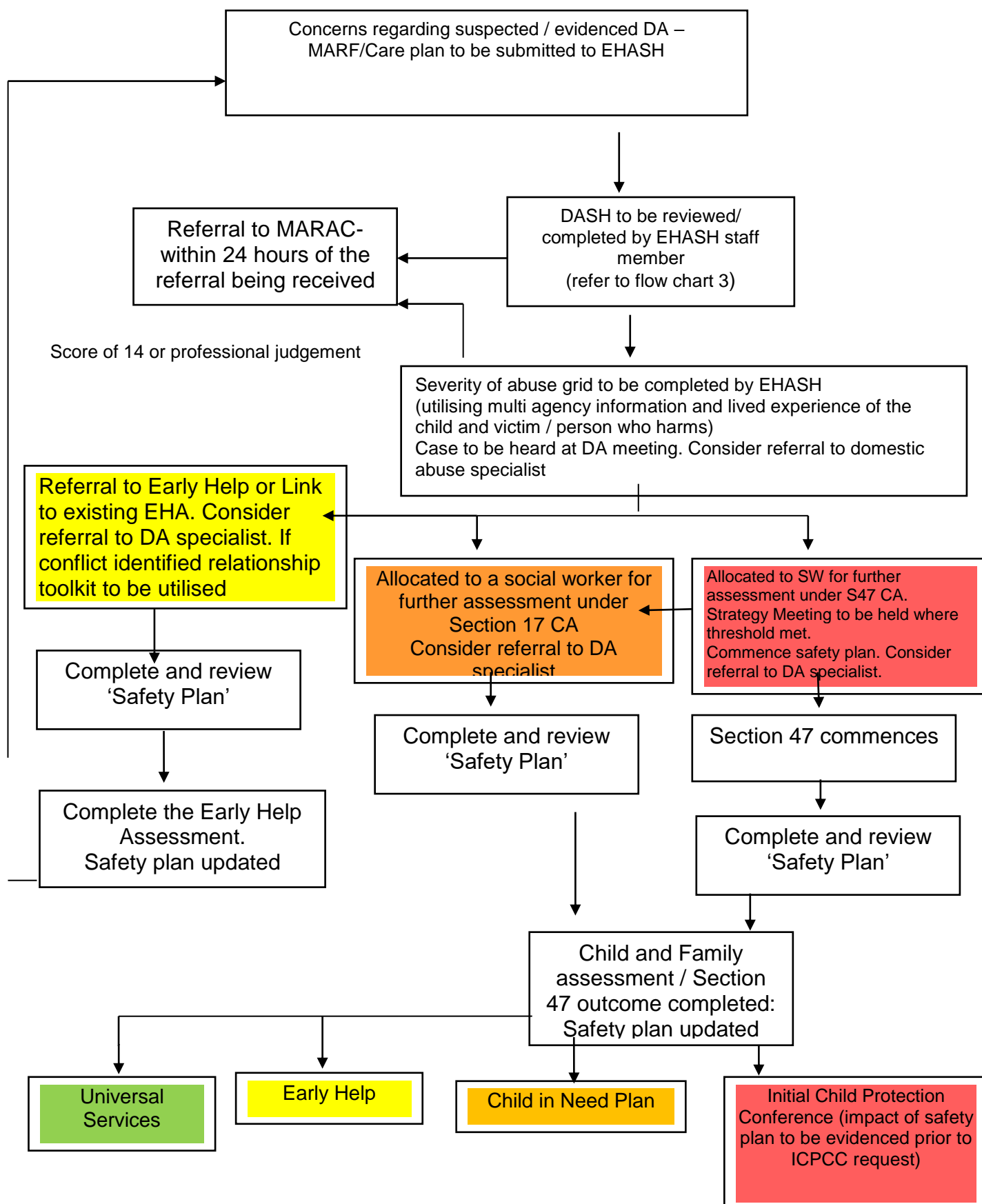
The Domestic Abuse practitioners pack has been created using four basic rules to ensure that each form created:

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 effectively**.



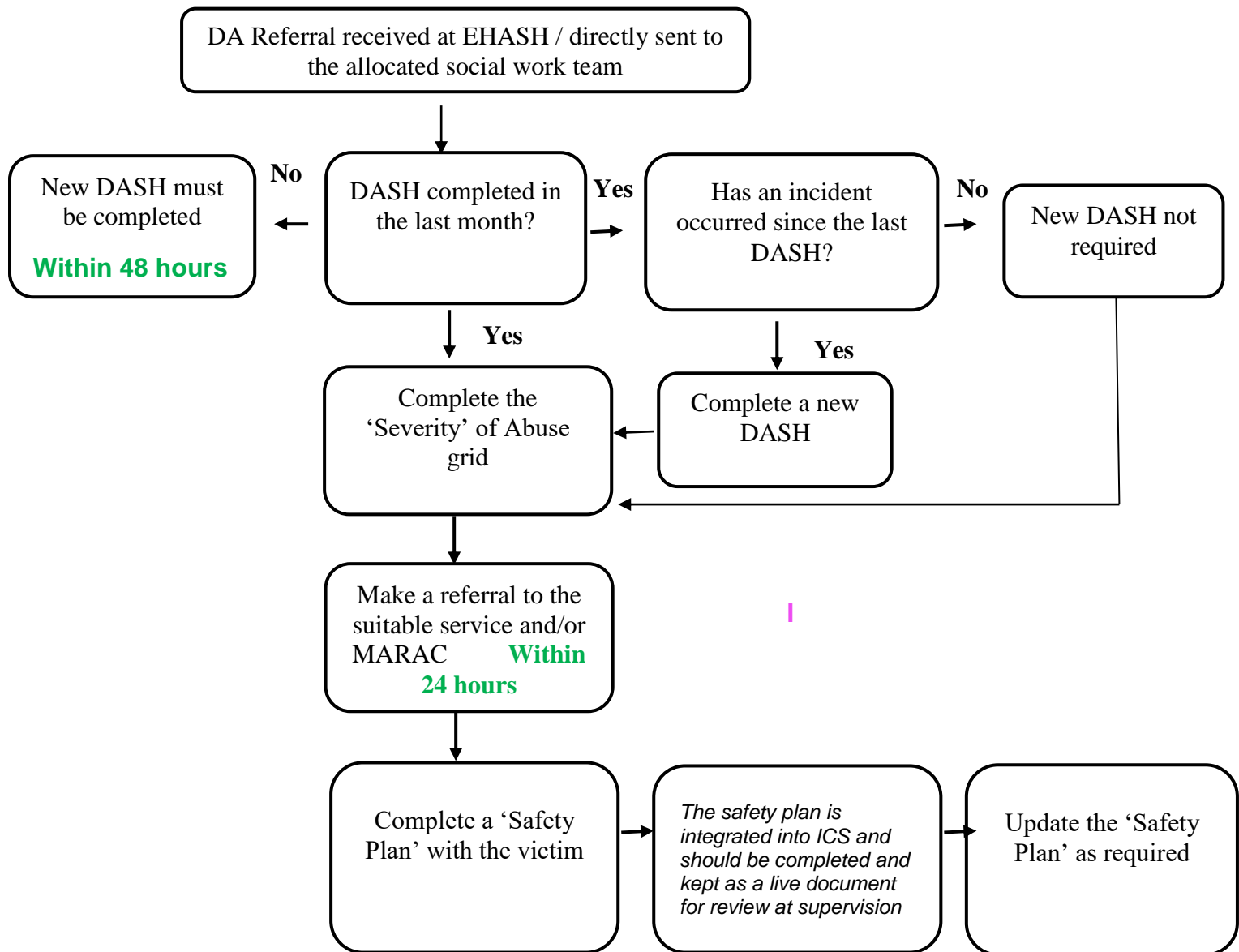
Rochdale DA Pathway (flowchart 1)

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 victims and perpetrators.



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

Supporting victim of Domestic Abuse in Rochdale

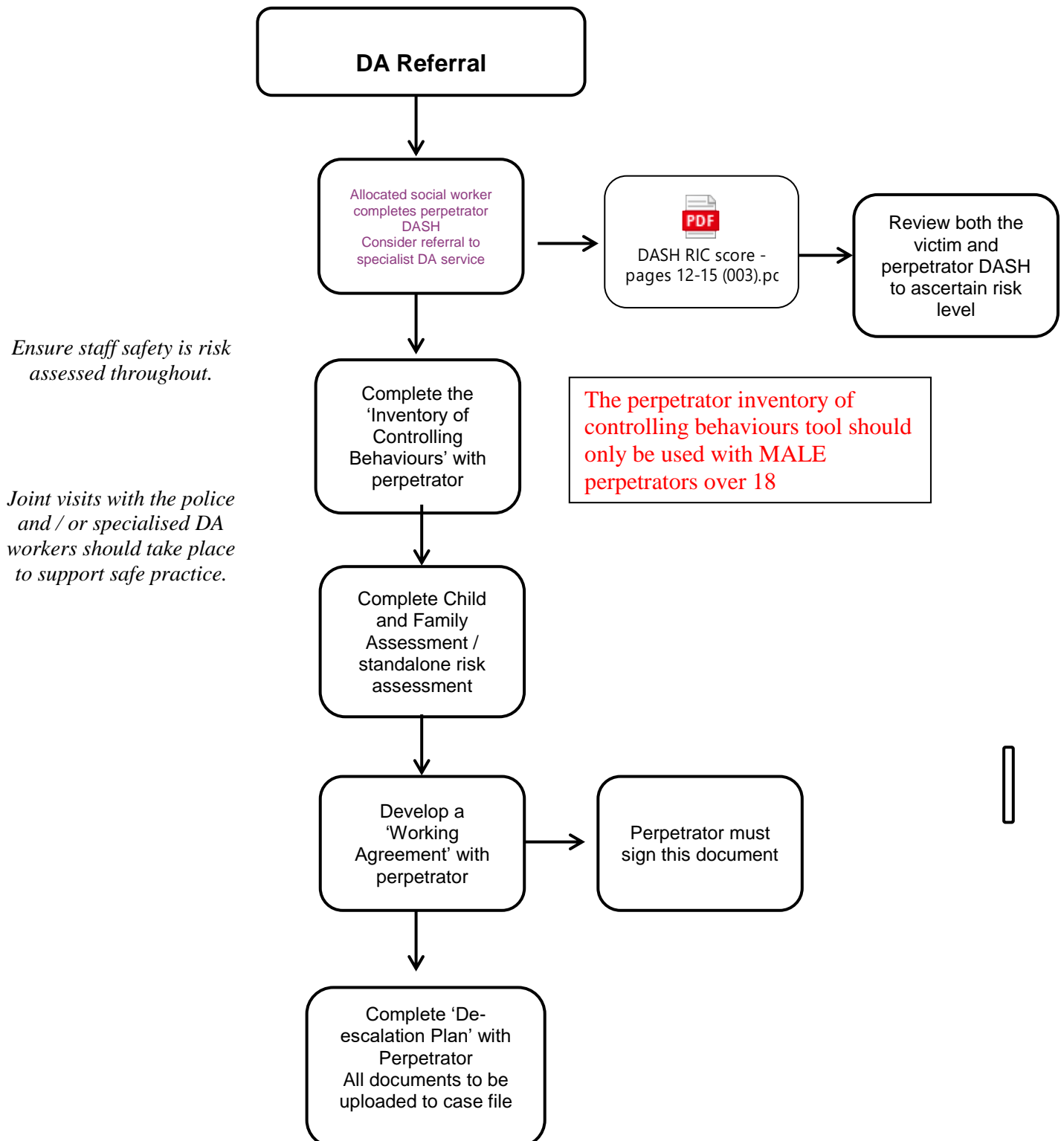


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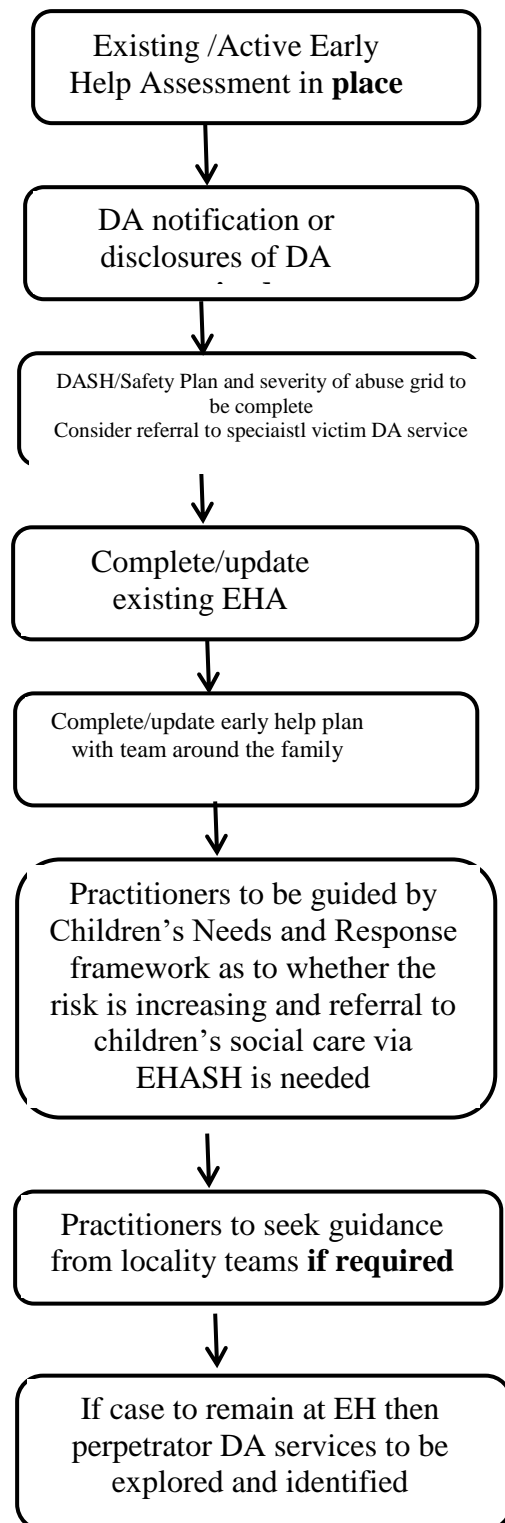
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Assessing known / suspected perpetrators of abuse both male and female

Please ensure all resources used are uploaded onto the case file



Cases Where Existing/Active Early Help Intervention is in Place



Rochdale DA Process in Written Format

All new staff will be trained in being able 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.

EHASH are required to complete a DASH with the victim to review risk at the first point of contact. If a DASH was completed within the last month, they are not expected to complete another unless a further incident has 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 Victim's Support a DASH must be completed.

Dependant on the score of the DASH (14 or above) or professional judgement the practitioner must make a referral to MARAC. Initial safety plan should also be completed in the EHASH.

If the case progress to CSC, FRT are required to complete/update an initial *Safety plan* with the victim ASAP. The purpose of completing this safety plan at the earliest opportunity is to ensure all safeguards are in place and if the case progresses to ICPC this plan is 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 every month at supervision by management and is a live document implemented into ICS. This safety plan **belongs to the victim** and will follow through the internal service pathway to 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.

Practitioners allocated the case, should meet with the perpetrator 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 analysis on risk level.

Practitioners should then complete the *inventory of controlling behaviours* with perpetrators who **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' within a family setting is under 18, a referral should be made to Break4Change.

An overall risk assessment should be completed incorporating all the findings in relation to domestic abuse. This should be completed on ICS and should be brought to child protection 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 to documents within ICS.**

History of the case must be explored when completing the safety plan.

Domestic Abuse Offer and Resources

All resources and the current offer in respect of domestic abuse support is detailed on the Rochdale Council website, Information can be found at:

[About who can help with domestic abuse | Who can help with domestic abuse | Rochdale Borough Council](#)

Clare's Law

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 an individual to ask the police about the information held on a person in relation to domestic abuse offences and convictions. This can be requested by a partner or ex-partner or about the partner of a close friend or family member if they have concerns about them. Disclosures provide domestic abuse information held on an individual. If checks show that the individual has a record of violent behaviour or something that may put a person at risk of harm, the police will consider sharing this. Domestic abuse or violence disclosure guidance

Domestic abuse or violence disclosure applications can be made by;

Calling 101

Visiting a local Police Station

MARAC

A MARAC (multi- agency risk assessment conference) meeting is held every 2 weeks in Rochdale 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.

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 for the child/ren to measure impact for the child and to meaningfully inform and coordinate multi agency safety planning.

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 Rochdale, 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 EHASH, therefore the OP Encompass Notification go to the EHASH and early year/school setting. The operation encompass notification does not state if an EHASH referral has been made as this is a separate process.

A referral will be made to EHASH 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 Ehash – 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

Rochdale Victim Support

Rochdale Victim Support aims to be the first point of contact for male and female domestic abuse victims in the borough of Rochdale.

Telephone number 0161 507 9609 or email rochdale@victimsupport.org.uk

Rochdale Women's Welfare Association

RWWA is run by women for women. It is a dedicated woman-led organisation striving to empower Black, Asian and Minority Ethnic (BAME) women to reach their full potential, tackling inequalities, eliminating Violence against Women and Girls (VAWG) providing holistic support in a safe, culturally appropriate environment.

Telephone 01706 860157

Website <https://rwwa.org.uk/>

Safenet

Safenet provides refuge accommodation to women and children in the borough of Rochdale and can be contacted 24 hours a day. They also offer safe houses and outreach support for male and female victims and survivors.

You can access a pet fostering service if you're a victim of domestic abuse within Greater Manchester who has a domestic pet and is fleeing to temporary accommodation.

If you're a woman fleeing domestic abuse, you may be able to get a FREE train ticket which you can use to travel to refuge accommodation.

Please see websites below for further details.

[SafeNet Safe Houses - Safenet](#)

[New 'rail to refuge' scheme offers free train travel to women fleeing domestic abuse \(womensaid.org.uk\)](#)

[Pet Fostering Service, Bolton - Endeavour \(endeavourproject.org.uk\)](#)

INTERVENTIONS FOR VICTIMS/SURVIVORS

1st STAGE INTERVENTIONS: These sessions would be the first step for victims/survivors to help them understand domestic abuse and raise their awareness of it

Freedom Programme

9-12 sessions on domestic abuse, the traits of the dominator and impact on children. Aim is to raise awareness of domestic abuse and the impact on children. Referral criteria, Female, Over 18. Experiencing or affected by DA. Delivered by:

Local Authority (at various children's centres): freedomprogramme@rochdale.gov.uk
Rochdale Women's Welfare (in Punjabi) (at office in Wardleworth) Tel: 01706 860157.

Imatter

Weekly Zoom sessions, 10 weeks. Aim is to help victims of domestic abuse move on in their recovery journey. The programme looks at the importance of self-worth, self-care and mindfulness. Referral criteria, Women Aged 16 and over, have been, or are currently, victims of domestic abuse. Available in the following languages: English, Welsh, Urdu, Bengali, Polish and Gujarati Run by Victim support, online referral form.

Hope 2 Recovery Toolkit

6 sessions for people experiencing domestic abuse, to gain an understanding of the abuse and its impact. Start date 10th May 2022 (9.30am-11.30am) at Howard Street Children centre. Sessions look at, what is abuse, dynamics of abuse and coercive control, impact on parenting and healthy relationships and action planning for the future. Referral criteria, Women, 18 and over currently experiencing domestic abuse or have separated. Cannot be accessing counselling whilst on course. Run by Safenet, referrals can be made via phone or email 0300303358 DAoutreachrochdale@safenet.org.uk.

2nd STAGE INTERVENTIONS: These sessions would be the next step for victims/survivors that have already attended a 1st stage intervention. 2nd stage interventions will help people to recover from abuse rebuilding confidence and self-esteem, giving them strategies to move forward.

Free From Harm

17 week programme which is a trauma informed responsive programme for females affected by DA that incorporates safety planning; awareness raising; an introduction to ACE's and their impacts; abusive behaviour traits and patterns; the dangers of social media; stalking and harassment; parenting; developing resilience and practical support. Referral criteria, Female, Over 18 Experiencing or affected by DA. Run by RCT, Rochdale Connections Trust (RCT)
Tel: 01706 345111, Email: wendy@r-c-t.co.uk

Haven Group

Weekly drop in group session. Aim, to offer a support network for women who have children that have been removed into care as a result of DA – health and wellbeing promotion through cooking sessions, healthy eating, peer support. Referral criteria, Female, Over 18 whose children have been removed due to DA. Run by Rochdale Connections Trust (RCT)

Tel: 01706 345111. Email: wendy@r-c-t.co.uk

Phoenix Group

Twice-weekly drop in group session. Aim, to offer a support network for vulnerable women affected by DA with children. Promotion of health and wellbeing - cooking sessions, healthy eating, peer support. Referral criteria, Females age 18 and over who have their children living with them and who are affected by DA.

INTERVENTIONS FOR PEOPLE THAT USE ABUSIVE BEHAVIOUR/HARM

1st STAGE INTERVENTIONS: These sessions would be the first step for people that use abusive behaviour to help them understand unhealthy behaviour and the impact of it.

Respectful Relationships

6 week healthy relationship course. Aim, to raise awareness of what a healthy and unhealthy relationship looks like. Referral criteria, males aged over 18. Referrals to Rochdale Connections Trust (RCT) Tel: 01706 345111 Email: wendy@r-c-t.co.uk

2nd STAGE INTERVENTIONS: These sessions are for people using abusive behaviour that are ready to address their behaviour and learn strategies to change.

Turning the Spotlight

12 week group intervention, weekly sessions. Aim, to raise awareness of abusive/harmful behaviour in relationships. To understand the impact this behaviour has on people including children. Teach males strategies to change this behaviour. Referral criteria, Male, over 18, English speaking or willing to access one to one with an interpreter, medium risk DA case and willingness to engage. Referrals to RochdaleTurningTheSpotlight@victimsupport.org.uk

Caring Dads

17 week group intervention, weekly sessions held. Aims to raise awareness of abusive/harmful behaviour in relationships, to understand the impact this behaviour has on children and the father child relationship. Teach males strategies to change this behaviour. Referral criteria, Male, Over 18, Dad having contact with children. Referrals Rochdale Connections Trust (RCT)
Tel: 01706 345111, Email: wendy@r-c-t.co.uk

Break 4 Change

10 week group sessions for parents/carers and young people (separate sessions running parallel). Skills based and therapeutic group support for families with aim to stop violence / abuse and improve parent child relationships. This is through strategies, restorative communication and facilitation of group support. The course is aimed at Parents/carers experiencing abuse from their adolescent Young people aged 11-16 years. Family must be open to a multi-agency plan of support (EHA, CIN, CP). Early Help Referrals via professional only
Tel: 01706 924692 parenting@rochdale.gov.uk

INTERVENTIONS FOR CHILDREN AND YOUNG PEOPLE

Best Life

15 weeks course for children affected by DA within their own relationships. Aim is to support young people to recognise abusive behaviour, to help young people make safe choices about their own relationships and to raise awareness of DA. Referral criteria, select schools only at this time, Secondary school pupils (currently delivered to those attending Cardinal Langley, St Cuthbert's or Kingsway, but will go live in more schools for 2nd cohort. Identified as a young person in an abusive relationship or at risk of being in one.

Happier Children

1:1 Small groups and access to a weekly after-school group session at RCT. This is a programme of bespoke emotional therapy interventions, delivered in a safe environment (school or RCT), designed to address trauma and develop resilience and coping strategies. Referral criteria, Children aged 5-16 years old and impacted by DA. Referrals received from school only, children must have a parent receiving support from RCT.

Safe Space

Wrap around DA support for children in safe accommodation, including specialist therapeutic interventions. One to one and group work. Aim is to provide an holistic assessment Holistic of child's needs and develop strategies to build resilience and safety plan. Referral criteria, Children aged 5-18, impacted by DA Living in "safe accommodation" – this can be refuge, or properties with target hardening. Referrals to be made to Rochdale Connections Trust (RCT)

Tel: 01706 345111, Email: wendy@r-c-t.co.uk

#Thrive

1-1 support for children and young people with emotional health and wellbeing issues. The service is for children and young people age up to 19 who live or are registered with a GP in the Rochdale Borough. Referrals can be made #Thrive, contact number 0161 716 2844, email address pcn-tr.thrivehmr@nhs.net

Information in relation to services and resources can also be found at

<http://www.rochdale.gov.uk/health-and-wellbeing/domestic-violence-and-abuse/Pages/who-contact-about-domestic-abuse.aspx>

Rochdale Domestic Abuse Tool kit

- Safe Lives DASH for Victims
- Safe Lives 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

If you require any training on any of the tools, please access the DA training through Rochdale's Safeguarding Children's Partnership:

We recommend that all domestic abuse practitioners should use:

1. The DASH checklist
2. The Severity of Abuse Grid (SOAG)

Safe Lives has a variety of guidance on the DASH Checklist and how to use it in practice for different professionals and in different languages here:

www.safelives.org.uk

When to use the DASH checklist

The Dash Checklist should be completed when a DA notification is received, 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 Dash 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 Safety Plan.

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 safety plan 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 severity of abuse grid 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 safety plan.

SafeLives Dash risk checklist for use by IDVAs and other non-police agencies 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"/> | |
| <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"/> | |

| | | | | |
|---|--------------------------|--------------------------|--------------------------|---|
| 7. Is there conflict over child contact? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you? Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. Are you pregnant or have you recently had a baby (within the last 18 months)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Is the abuse happening more often? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. Is the abuse getting worse? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous? For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. Has [name of abuser(s)] ever used weapons or objects to hurt you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer. | YES | NO | DON'T KNOW | State source of info if not the victim |
| 16. Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? If someone else, specify who. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17. Is there any other person who has threatened you or who you are afraid of? If yes, please specify whom and why. Consider extended family if HBV. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18. Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including the children, siblings or elderly relatives: Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--|
| Other (please specify) <input type="checkbox"/> | | | | |
| 19. Has [name of abuser(s)] ever mistreated an animal or the family pet? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20. Are there any financial issues? For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 21. Has [name of abuser(s)] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? If yes, please specify which and give relevant details if known. Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental health <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 22. Has [name of abuser(s)] ever threatened or attempted suicide? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 23. Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? You may wish to consider this in relation to an ex-partner of the perpetrator if relevant. Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/> | <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: Domestic abuse <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Total 'yes' responses | | | | |

For consideration by professional

| | |
|--|--|
| Is there any other relevant information (from victim or professional) which may increase risk levels? | |
|--|--|

Resource: Severity of Abuse Grid

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.**

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 |

| | | | |
|--|--|--|---|
| | | | <p>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.</p> |
|--|--|--|---|

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 Rochdale Borough 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 independent domestic abuse services, **Victim Support**, they 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

Safety Plan (SP)

What is the Safety Plan for?

The SP 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. **SP:** This is useful for looking at issues and risks identified through the Checklist and the Severity of abuse grid. 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. **SP: 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.

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.

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

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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 |
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| Legal | Children | |
| 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 | [Ex]partner, family member access to children & school/PR status/CYPS ref/support for children | |
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| Financial | Housing and security | |
| Advice on: Access to finances, benefits/housing areas/D&A or immigration issues affecting finances | Advice on: emergency and longer term housing option/security measures/ fire assessment | |
| | | |

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|------------------------------|------------------------------------|--|
| 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
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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? | |
| Who does the victim believe it <u>not</u> 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

Working Agreement
between
Rochdale 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

Rochdale 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, Rochdale 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 0300 303 0440 at the earliest opportunity. If the social worker is unavailable, you should ask for a duty worker.

If you think that Rochdale 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. If this has not resolved the issue, you may contact the Customer Feedback Team by email at feedback.council@rochdale.gov.uk or by telephone on 01706 923537.

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

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, covert 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 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? *[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]*

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/is he 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/is his ex-partner in a new relationship and are upset or angry about this? | | | |
| 3) Have you/has he threatened your ex-partner's new partner? | | | |
| 4) Are there other women in your/his life who have felt threaten by your/his 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/has his partner ever used any force against you/him? | | | |
| <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> | | | |
| <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</i> | | | |

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:

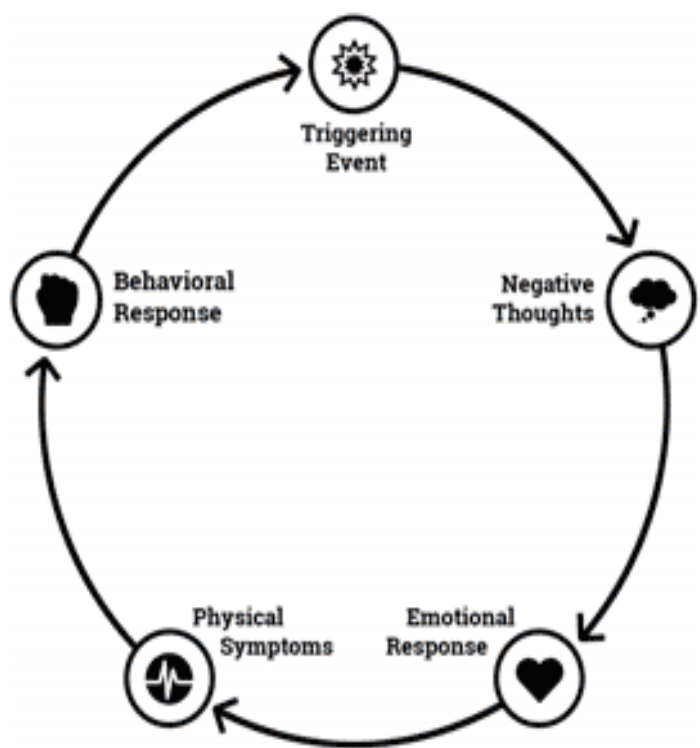
De-escalation plan (only to be used in partnership with specialised children’s services DA provision) please upload onto documents

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 Rochdale Borough 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?

| | | |
|---|--|--|
| General safety planning <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? | Separating & post separation <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. | Emergency bag: What to pack: <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> |
| Health & wellbeing <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? | Legal <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? | Children <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. |
| Housing & security: <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? | Financial <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? Additional support factors <ul style="list-style-type: none"> Any substance misuse, mental health or disability issues? Are there any services to refer person to? | |

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.

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 | | | | | |
| 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 file and, if it is safe, give a copy to your person to take away with them

| | | | | | |
|-------------------|-------------|------|--|----|--|
| Person name / ref | Amy Jackson | Page | | of | |
|-------------------|-------------|------|--|----|--|

| |
|---|
| 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. |

| |
|---|
| 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) |

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

Amy has moved from Rochdale and states she has no reason to return to Bolton, her friends and family are all in Rochdale.

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

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.

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

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.

Children

[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.

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

| | | | | | |
|--------------------------|--|-------------|--|-----------|--|
| Person name / ref | | Page | | of | |
|--------------------------|--|-------------|--|-----------|--|

| | | |
|--|--|---|
| <p>Financial</p> <p>Advice on: Access to finances, benefits/housing areas/D&A or immigration issues affecting finances</p> <p>Amy informs she has changed her bank accounts details. One incident occurred as Craig wanted money from Olivia to buy cocaine.</p> <p>Amy has a part-time job allocated SW will need to explore debt/money management. However this has not be explored as a concern.</p> | <p>Housing and security</p> <p>Advice on: emergency and longer term housing option/security measures/ fire assessment</p> <p>Amy has fled Bolton to Rochdale. She is living in a private tenancy and has a 6 month contract with the option of extending this after 6months.</p> <p>CPCO explained support of emergency accommodation/refuges if needed. Olivia discussed that she and Eve can also stay with her mum if needed.</p> <p>Amy dos want Target hardening and fire safety assessment on her current property.</p> | <p>If I need to leave I will try and take with me...</p> |
| <p>Health and wellbeing:</p> <p>Advice on: immediate medical needs, access to sexual and general health services, mental health services and whether person has disabilities compounding situation</p> | <p>Additional support factors:</p> <p>D&A/mental health/disability</p> | <p>In an emergency, I will try to take...</p> |

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:

We are open:

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.

Appendix C- completed working agreement

Working Agreement
between
Rochdale Children's Services
And
Jon Snow
in respect of
Managing behaviours deemed to be cateorised-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 agreements is a manditory 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 xxxxxxxx
- Not use a third party or any form of social media to harrass xxxxxxxxx
- 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

Rochdale 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, Rochdale 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 Rochdale 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. If this has not resolved the issue, you may contact the Customer Feedback Team by email at feedbac.council@rochdale.gov.uk or by telephone on 01706 923537.

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 | | | | |
| Reviewed by | | | | |
| Contributors | | | | |
| Revision | | | | |
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