Inter-Agency or Self-Referral Form

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Please see the guidance notes below and complete both parts of the form (Referral and Risk assessment) as best you can, then return via email to sender or to dasupport@waitsaction.org; and programmanagerrefuge@waitsaction.org.

**Guidance**

**Who is the service for?**

* Women/BAME women who have been victims of domestic abuse or at risk of domestic abuse.
* We provide refuge for single Women who can live independently, no children are accommodated in our refuges.
* Women offenders and those at risk of offending

**What services do we offer?**

We offer floating support to women and those at risk of suffering domestic abuse and living in the community with or without children.

We offer floating support to women offenders and those at risk of offending, suffering domestic abuse and living in the community with or without children.

Short term Refuge accommodation in well maintained properties for single women, located in the heart of the community, all residents have their own bedroom and share communal facilities.

Advice, support, workshops, counselling, and training sessions every week

**To access Refuge, you must be Female and aged 20 years or over, have encountered domestic abuse or be at risk of domestic abuse and require support to recover and live independently.**

 Whilst living in our Refuge you can be helped by

* Attending weekly meetings with a support worker
* Weekly attendance at our coffee morning and Workshop Programmes to address the impact of domestic abuse.
* Have a commitment to proactively working with us by engaging in support sessions, coffee mornings, workshops and events that enable you to lead a more stable way of life.
* Application and support with your re-housing to permanent accommodation.

**Essentials**

To access our Refuge services, you must ideally have:

ID - Birth Certificate, Passport or Bio ID card or driving licence.

Indefinite leave to remain in UK.

Recourse to public fund

Entitlement to claim benefits/ housing benefit.

Resources to pay £15 a week towards utilities as a personal contribution if you are accommodated in our refuge.

**We cannot offer.**

* Care/personal services – such as bathing or giving medication.
* Cleaning in client’s room
* Doing laundry
* Cooking
* Giving lifts, shopping etc
* Give you money

**What will happen next?**

Once the referral form and risk profile has been received we will contact you within 5 working days to discuss the referral with you and advise if you/your client are eligible for our service. If our service is not appropriate for you/your client, we will advise on alternative services If our service is appropriate, then we will arrange to interview you/your client with 5 days and we will advise you/your client how long we anticipate before you/your client can access our service. Occasionally we may have no suitable vacancies. In these circumstances, applicants will be placed on a waiting list.

You can contact us for further information by calling our Main number: 0121 440 1443

Via email: dasupport@waitsaction.org or programmanagerrefuge@waitsaction.org

Our address is: Women Acting in Today’s Society, Colmore Circus Queensway, Birmingham, B4 6AR

*Unfortunately, we are unable to accept* ***all*** *referrals due to the Risk levels of women fleeing domestic abuse and the criteria of WAITS refuge service. Therefore, it is necessary to assess each applicant for suitability*.

|  |
| --- |
| **DATA PROTECTION AND CONFIDENCIALITY AGREETMENT:** The purpose of this form is to allow W.A.I.T.S is able to obtain and share information about your background information as necessary to start assessing those referred for accommodation or floating support for suitability. W.A.I.T.S runs a confidentiality policy, which stated that we will not share your information with anyone outside of our organisation, unless necessary. Would you like to read our confidentiality policy, please indicate below:  Yes  No  Date given to client: \_\_\_\_\_\_\_\_Do you/your client agree for information to be transferred to/from W.A.I.T.S. to other Agencies?  Yes  No  **If service user does not agree, the information submitted will be kept in a holding file until permission to proceed or otherwise has been obtained.**The information will be processed in accordance with the terms of the Data Protection Act 1998 and the General Data Protection Regulation (GDPR) 2018. WAITS will be the controller of the data for the purposes of that Act. The information will only be shared as necessary with other housing, health and social welfare agencies or bodies as may become directly involved in their support.There are some exceptional circumstances however, when we would breach confidentiality WITHOUT your consent. These include:* Where there is a risk of serious harm to yourself.
* Where there is a risk of harm to others.
* Where there is a risk of a serious crime being committed.

I (name of client) …………… ………………………………………………………………………………………………….agree for appropriate information to be Disclosed/obtained as necessary in accordance with the above statement and I understand the confidentiality and information sharing procedure**Verbal consent given** **Signed: ……………………………………………………………………………………. (Client) Date: …………………** |

|  |
| --- |
| **Referral Details** |
| **Date of Referral:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(If this is a Self-referral, please go to question B)****A) Referral Agency Details:** Name of Agency making referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of person referring:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Nature of referral:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Floating support | [ ]  | Accommodation | [ ]  | Budgeting or Debt Advice [ ]   |
| Counselling | [ ]  | Befriending | [ ]  | Others [ ]  ……………………………… |
| Advocacy | [ ]  | Personal Development Workshops | [ ]  |  |

**B) Brief details of why you need support:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Clients Details** |
| Forename Middle Names (if any) Surname Date of birth: Age: N.I.N.O \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Address: Postal Code: (Is it safe to write to this address?) **Current Accommodation (please select one):** Living in Approved Premises Hostel Homeless Staying with friends/family Housing Association Rented Owner/Occupier Custody Hospital Privately rented Rough Sleeper Local Authority Rented Contact Tel: Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First spoken language: Is Interpreter required? \_\_**Emergency contact name\_\_\_\_\_\_\_\_\_\_\_\_ Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_**Occupation/Employment Status: Does the client have Indefinite leave to remain in UK? Does the client have recourse to public fund? Entitled to benefits: If yes which benefits: Does the client have a GP? GP Surgery \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Dependents Details** |
| **First Name** | **Second Name** | **Gender****M/F** | **D.O. B** | **Relationship to client** | **Relationship to Perpetrator** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Nature of Abuse (Tick as many as applicable)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Physical Abuse Sexual Abuse Financial Abuse Abuse of children  | [ ] [ ] [ ] [ ]  | StalkingIsolationForced MarriageMental / Emotional Abuse | [ ] [ ] [ ] [ ]  | Threatening Behaviour Female Genital Mutilation (FGM)‘honour’-based violence (HBV) | [ ] [ ] [ ]  |

**Other please specify:**

|  |
| --- |
| **Alleged Perpetrator Details** |
| Title:  | First Name:  | Middle name:  | Surname:  | Date of birth:  | Gender: [ ]  Female [ ] Male |
| **Perpetrators address:** **Postcode:** **Tenancy type:**  |
| **Perpetrator relationship with client:**  |
|  |  |
| **Child Contact with Perpetrator:**[ ]  [ ]  If yes, please give details:  |
| Child Protection Register: [ ]  Yes [ ]  No [ ]  Other CYPS InvolvementAny further information:       |

 **Has the victim ever reported to the police? Yes/No**  |

|  |
| --- |
| **Offending Behaviours** |
| 1. Have you ever committed any criminal offences? (If no, please go to Question 8)

  |
| 1. Nature of your offences? Please describe with as much detail as possible.
 |
| 1. Do you have any outstanding court appearances? (If yes, when will you be appearing in court)
 |
| 1. When did you last serve a prison term and what was the duration of the term?
 |
| 1. Are you subject to any offending related programmes or Bail conditions?
 |
| 1. Please indicate type and frequency of previous convictions:
 |
| 1. Have you been convicted of any violent offences? Please Provide Details
 |
| 1. Is there current or past history of substance abuse? Are you/your client engaged with other agencies regarding this? Please give details of how drug use will affect others whilst in shared housing or in their own home?
 |
| 1. Is there current or past history of alcohol misuse? Are you/your client engaged with other agencies regarding this? Give details of how this may impact on being in shared housing or in their own home.
 |
| 1. Are there any details regarding Domestic Abuse, offending history, which would heighten the level of risk to staff delivering support or risk to others?
 |
| 1. What positive changes has the client made to their lifestyle over the past twelve months?
 |

|  |
| --- |
| **Please mark all offence types for which the applicant has been convicted.** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| (Attempted) Murder/Manslaughter | [ ]  | Racially Motivated/Aggravated  | [ ]  |
| Sex Offences (under 16) | [ ]  | Sex Offences (over 16)  | [ ]  |
| Domestic Abuse | [ ]  | Offences involving weapons  | [ ]  |
| Robbery | [ ]  | Burglary  | [ ]  |
| Arson | [ ]  | Criminal Damage  | [ ]  |
| Driving Offences | [ ]  | Vehicle Crime  | [ ]  |
| Drugs Offences | [ ]  | Fraud/Deception  | [ ]  |
| Theft | [ ]  | Handling  | [ ]  |
| Assault | [ ]  | Anti-Social Behaviour  | [ ]  |
| Other *please specify i.e., guns/gang offences* |  |  |

 |
| **Is the applicant ‘flagged’ for any of the following?** |
| Lifer | [ ]  | Risk to Children | [ ]  | IPP (**Imprisonment for Public Protection)** | [ ]  |
| Subject to MAPPA | [ ]  | High Risk of Re-offending | [ ]  | V High Risk of Re-offending  | [ ]  |
| Child Protection  | [ ]  | Registered Sex Offender | [ ]  | PPO (priority prolific offenders)  | [ ]  |
| **If a MAPPA Case, which level?** | Level 1 [ ]  | Level 2 [ ]  | Level 3 [ ]  |
| **Risk to children** | Low | [ ]  | Medium | [ ]  | High | [ ]  | V High | [ ]  |
| **Risk to the public** | Low | [ ]  | Medium | [ ]  | High | [ ]  | V High | [ ]  |
| **Risk to known person** | Low | [ ]  | Medium | [ ]  | High | [ ]  | V High | [ ]  |
| **Risk to staff** | Low | [ ]  | Medium | [ ]  | High | [ ]  | V High | [ ]  |
| **Risk to residents** | Low | [ ]  | Medium | [ ]  | High | [ ]  | V High | [ ]  |
| **Risk to themselves** | Low | [ ]  | Medium | [ ]  | High | [ ]  | V High | [ ]  |
| **Special precautions needed when interviewing/visiting applicant?** |

|  |
| --- |
| **Office use Only:** FOR COMPLETION ON RECEIPT OF REFERRAL FORM: Date Received: ............................. Database Reference No: ...........................................Staff................................................. OUTCOME:(Please tick all that apply, and/or enter further information as appropriate)Accepted for Accommodation Yes [ ]  No [ ] Accepted for Floating support Yes [ ]  No [ ] Acknowledgement sent to referrer, date:Not Accepted [ ] Please give reason if referral not accepted, or alternative service secured belowAlternative service offered / sign posted ..........................................................Added to Lamplight……………………………………………….Managers Signature ………………………………………………………………. |

|  |
| --- |
| Pre-Assessment Measures |
|  |
| 1. How able are you to keep yourself safe, independent, and able to make positive choices? |
|  |  |  |  |  |
|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
| Poor |  | Great |
| 2. How would you rate your self-confidence? |
|  |  |  |  |  |
|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
| No self-confidence at all |  | Total confidence in myself |
| 3. How able have you felt to avoid risky behaviour (e.g. abstaining from drugs/alcohol and avoiding offending/committing crimes)? |
|  |  |  |  |  |
|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
| Completely unable, I have engaged in numerous risky behaviours |  |  | Somewhat able, I have engaged in some and avoided others |  |  | Completely able, I have avoided risky behaviours |
| 4. How would you rate your physical health (e.g. extent of physical symptoms and bother by illness)? |
|  |  |  |  |  |
|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
| Extremely Poor |  | Very Good |
| 5. How would you rate your ability to budget and manage your money? |
|  |  |  |  |  |
|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
| Extremely Poor |  | Very Good |
| 6. How would you rate your employability? |
|  |  |  |  |  |
|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
| Extremely Poor |  | Very Good |
| 7. How would you rate your thinking, attitudes, and behaviour? |
|  |  |  |  |  |
|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
| Very Negative |  | Very Positive |

Risk Assessment Form



Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH, 2009)

Risk Identification and Assessment and Management Model

**Client:**

**Date:**

**Risk Identification for Trained Front-Line Practitioners**

(Please refer to the DASH (2009) Practice Guidance on Risk Identification in full)

[Practice guidance for the DASH (2008) Risk Model (westessexccg.nhs.uk)](https://westessexccg.nhs.uk/internal-comm5-doc5/members-area-documents/clinical-policies/safeguarding-adults-library/470-dash-practice-guidance-2009/file)

A number of high-risk factors have been identified as being associated with serous violence and murder through researching many cases. Any professional using the DASH (2009) must be trained in its use. This is crucial to understanding what the high-risk factors are and how they apply in each situation, and what needs to be done to keep the victim safe.

This form should be completed for ALL cases of domestic abuse by front line staff. Initial risk identification must be undertaken by asking ALL the questions on this checklist, as well as searching appropriate databases, such as the intelligence databases. First response staff and their supervisor should identify risk factors, who is at risk and decide what level of intervention is required.

Details of children resident at the address must be provided. Consider the nature of the information and what it means in terms of public protection - preservation of life, reduction, and prevention of harm to victim and others.

Please ensure that when you ask these questions the victim is comfortable and understands why you are asking them – it is about their safety and protection. Particular sensitivity and attention are required when asking about whether the victim has been assaulted, physically and/or sexually by the perpetrator. The vulnerability of victims cannot be overstated. This could be further compounded by issues such as traditional gender roles, literacy, language and/or immigration or refugee status. Please take into consideration the victim’s perception of risk.

Please ensure you ask the victim about the abuser’s behaviour when stalking and honour-based violence is present. Do not just tick the box ‘yes’. You must identify what is happening. There are specific risk factors that relate to these areas as well. Assessment of risk is complex and NOT related to the number of risks appearing alone. Rather, the risk posed to the victim or others in a particular situation will be dependent upon what they are and how they apply in that context. Refer to the full DASH (2009) Practice Guidance on Risk Identification.

Record what steps you have taken to ensure the immediate safety of the victim(s) and any children. Ask yourself ‘Am I satisfied that I have done all I can?’ Everything you do must be recorded.

The risk identification process must remain dynamic. Events and circumstances may undergo rapid and frequent change. Where this is the case, the assessment must be kept under review. Risk identification is based on structured professional judgement. This model is most effective when undertaken by professionals who have been fully trained in its use. High risk cases may well require a multi-agency response and should be referred to the relevant risk management panel i.e., the Multi-Agency Risk Assessment Conference (MARAC) or Multi-Agency Public Protection Panel (MAPPP). MARACs are for the most serious and high-risk cases.

|  |  |  |
| --- | --- | --- |
| CURRENT SITUATIONTHE CONTEXT AND DETAIL OF WHAT IS HAPPENING IS VERY IMPORTANT. THE QUESTIONS HIGHLIGHTED IN BOLD ARE HIGH RISK FACTORS. TICK THE RELEVANT BOX AND ADD COMMENT WHERE NECESSARY TO EXPAND. | YES☑ | NO☑ |
| 1. Has the current incident resulted in injury? (Please state what and whether this is the first injury)

Last week |  |  |
| 2. Are you very frightened |  |  |
| 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)Offending Kill: Self  Children  Other (please specify) Further injury and violence: Self  Children  Other (please specify) Other (please clarify): Self  Children  Other (please specify)  |  |  |
| 4. Do you feel isolated from family/ friends i.e., does (name of abuser(s)….) try to stop you from seeing Was in the past friends/family/Dr or others? In the past  |   |  |
| 5. Are you feeling depressed or having suicidal thoughts? Suicidal thoughts |  |   |
| 6. Have you separated or tried to separate from (name of abuser(s)….) within the past year?31 dec  |  |  |
| 7. Is there conflict over child contact? (Please state what) |  |  |
| 8. Does (….) 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. Ask 11 additional stalking questions\*) |  |  |
| CHILDREN/DEPENDENTS (If no children/dependants, please go to the next section) | YES | NO |
| 9. Are you currently pregnant or have you recently had a baby in the past 18 months? |  |  |
| 10. Are there any children, stepchildren that aren’t (….) in the household? Or are there other dependants in the household (i.e., older relative)? |  |  |
| 11. Has (….) ever hurt the children/dependants?  |  |  |
| 12. Has (….) ever threatened to hurt or kill the children/dependants? |  |  |
| DOMESTIC VIOLENCE HISTORY | YES | NO |
| 13. Is the abuse happening more often? |  |  |
| 14. Is the abuse getting worse? |  |  |
| 15. Does (…….) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being ‘policed at home’, telling you what to wear for example. Consider honour-based violence and stalking and specify the behaviour)He is controlling children  |  |  |
| 16. Has (….) ever used weapons or objects to hurt you? |  |   |
| 17. Has (….) ever threatened to kill you or someone else and you believed them? Wrote it down was repeated to the police  |  |  |

|  |  |  |
| --- | --- | --- |
| 18. Has (….) ever attempted to *strangl*e/choke/suffocate/drown you? |  |  |
| 19. Does (….) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else? (Please specify who and what) children  |  |  |
| 20. Is there any other person that has threatened you or that you are afraid of? (If yes, consider extended family if honour-based violence. Please specify who. Ask 10 additional HBV questions\*) |  |  |
| 21. Do you know if (….) has hurt anyone else? (children/siblings/elderly relative/stranger, for example. Consider HBV. Please specify who and what)Children  Another family member  Someone from a previous relationship  Other (please specify) |   |   |
| 22. Has (….) ever mistreated an animal or the family pet? |  |  |
| ABUSER(S) | YES | NO |
| 23. Are there any financial issues? For example, are you dependent on (….) for money/have they recently lost their job/other financial issues? |  |  |
| 24. Has (….) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (Please specify what)Drugs x Alcohol  Mental Health x  |  |  |
| 25. Has (….) ever threatened or attempted suicide? |  |  |
| 26. Has (….) ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? (Please specify what)Bail conditions  Non-Molestation/Occupation Order x Child Contact arrangements Forced Marriage Protection Order  Other  |  |  |
| 27. Do you know if (…….) has ever been in trouble with the police or has a criminal history? (If yes, please specify)DV  Sexual violence  Other violence  Other  |  |  |
| Other relevant information (from victim or officer) which may alter risk levels. Describe: (consider for example victim’s vulnerability - disability, mental health, alcohol/substance misuse and/or the abuser’s occupation/interests-does this give unique access to weapons i.e., ex-military, police, pest control) or is there serial offending? |  |  |
| Is there anything else you would like to add to this? |  |  |

In **all** cases an initial risk classification is required:

|  |
| --- |
| **RISK TO VICTIM:** |
| STANDARD  | MEDIUM  | HIGH |

**DASH (2009) Additional Stalking and Harassment Risk Questions**

**Q8. Does (……) 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)

**PRACTICE POINTS: If the victim answers ‘yes’ to this question then you must ask the following as they are risk factors for future violence:**

* Is the victim very frightened?

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* Is there previous domestic abuse and harassment history?

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* Has (insert name of the abuser. ) vandalised or destroyed property?

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* Has (insert name of the abuser. ) turned up unannounced more than three times a week?

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* Is (insert name of the abuser. ) following the victim or loitering near the victim?

..................................................................................................................................................................

* Has (insert name of the abuser. ) threatened physical or sexual violence?

....................................................................................................................................................................

* Has (insert name of the abuser. ) been harassing any third party since the harassment began (i.e., family,

children, friends, neighbours, colleagues)?

.....................................................................................................................................................................

* Has (insert name of the abuser. ) acted violently to anyone else during the stalking incident?

.....................................................................................................................................................................

* Has (insert name of the abuser. ) engaged others to help (wittingly or unwittingly)?

.....................................................................................................................................................................

* Is (insert name of the abuser. ) been abusing alcohol/drugs?

....................................................................................................................................................................

* Has (insert name of the abuser....) been violent in past? (Physical and psychological. Intelligence or reported)

.....................................................................................................................................................................

**DASH (2009) Additional HBV Risk Questions**

**Q20. Is there any other person who has threatened you or who you are afraid of? \*** (If yes, please specify who and why. Consider extended family if HBV)

**Practice Point: If the victim is subject to HBV and answers ‘yes’ to this question, ask the following questions:**

* Truanting – if under 18 years old is the victim truanting?

....................................................................................................................................................................

* Self-harm – is there evidence of self-harm?

.....................................................................................................................................................................

* House arrest and being ‘policed at home’ – is the victim being kept at home or their behaviour activity being policed (describe the behaviours)?

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* Fear of being forced into an engagement/marriage – is the victim worried that they will be forced to marry against their will?

.....................................................................................................................................................................

* Pressure to go abroad – is the victim fearful of being taken abroad?

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* Isolation – is the victim very isolated?

.....................................................................................................................................................................

* A pre-marital relationship or extra marital affairs – is the victim believed to be in a relationship that is not approved of?

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Attempts to separate or divorce (child contact issues) –is the victim attempting to leave the relationship?

.....................................................................................................................................................................

* Threats that they will never see the children again – are there threats that the child(ren) will be taken away?

.....................................................................................................................................................................

* Threats to hurt/kill – are there threats to hurt or kill the victim?

.....................................................................................................................................................................

**For Office Use Only:**

**MARAC REFERRAL**

**Do you believe that there are reasonable grounds for referring this case to MARAC?**

If yes, have you made a referral?

**Yes / No Yes/No**

**CONSENT**

If the case is high risk and you are referring it to the MARAC, please explain to the victim what the MARAC is and that it is there to help them, giving them options and choices to keep them and their children safe.

**Has the victim given verbal consent to share information with partner agencies?**

**Yes/No**

**Officer’s signature...............................................**

**Date: ..................**

**Risk Assessment Categorisation**

This is *based* on the Offender Assessment System (OASys) developed by the Prison and Probation Services definitions of what constitutes standard, medium, high risk. Please use your professional judgement to categorise the risk level:

|  |  |
| --- | --- |
| **Standard** | Current evidence does not indicate likelihood of causing serious harm. |
| **Medium** | There are identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, drug, or alcohol misuse. |
| **High** | There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.Risk of serious harm (Home Office 2002 and OASys 2006):‘A risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible’. |

**Risk Management Framework**

Use the **RARA** model when compiling safety plans for victims. What are you planning to do?

|  |  |
| --- | --- |
| **R**emove the risk: | By arresting the suspect and obtaining a remand in custody. |
| **A**void the risk: | By re-housing victim/significant witnesses or placement in refuge/shelter in location unknown to suspect. |
| **R**educe the risk: | By joint intervention/victim safety planning, target hardening, enforcing breaches of bail conditions, use of protective legislation and referring high risk cases to Multi- Agency Risk Assessment Conference (MARAC). |
| **A**ccept the risk: | By continued reference to the Risk Assessment Model, continual multi-agency intervention planning, support and consent of the victim and offender targeting within Pro-active Assessment and Tasking Pro forma (PATP), or Risk Management Panel(such as Multi-Agency Risk Assessment Conference (MARAC) or Multi-agency Public Protection Panel (MAPPP). |

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