

Wirral Multi Agency Risk Assessment Conference Referral Form

Referring Agency:

Contact Tel:

Referrer's Name:

Contact Email:

Job Title:

Date of referral:

Client	Perpetrator
<p>Name:</p> <p>DOB:</p> <p>Address and post code:</p> <p>Safe Contact Tel: 3rd Party contact if not client:</p>	<p>Name:</p> <p>DOB:</p> <p>Address and post code:</p>
<p>Ethnic Origin:</p> <p>Religion:</p> <p>Disability:</p> <p>GP:</p> <p>Occupation:</p>	<p>Ethnic Origin:</p> <p>Occupation:</p>
<p>If client is asylum seeker or refugee, state:</p> <p>Nationality:</p> <p>Status:</p>	<p>Relationship to client:</p> <p>Status of relationship:</p>
<p>Is client aware of the MARAC Referral? YES/NO</p> <p>Has client's consent been obtained? YES/NO</p> <p>If no, provide a rationale for overruling consent:</p>	

Child's name	DOB	School or nursery	Relationship to client	Relationship to perpetrator

For consideration by professional: Is there any other relevant information which may increase risk levels? (consider housing, child contact etc)

Does the perpetrator have unique access to weapons?

'Invisible man' -Give details of any other adults in the property with access to the client or children:-
e.g. client's new partner, lodger, family friend:

Does client have any issues with drugs, alcohol or mental health?

What are the client's greatest priorities to address their safety?

Housing		Refuge		Support for children	
Support Group		Immigration		Other (specify below)	
Legal		Target Hardening			

Domestic Abuse, Stalking and Harassment Risk Indicator Checklist (RIC)

Must be completed with client

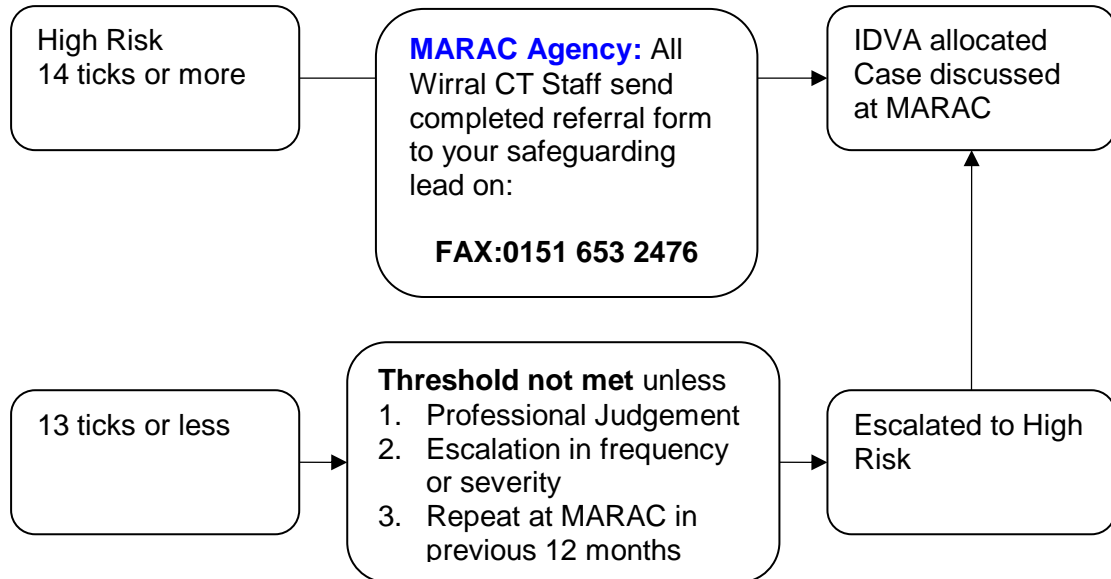
The purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present <input checked="" type="checkbox"/> . Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is <u>not the case</u> please indicate in the right hand column	Yes (tick)	No	Don't Know	State source of info if not the victim e.g. police officer
1. Has the current incident resulted in injury? Is this the first injury?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
2. Are you very frightened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are you afraid of further injury or violence? State what you think the perpetrator may do:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you feel isolated? (e.g. does the perpetrator stop you from seeing family, friends or doctor etc) Give details:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed? Are you having suicidal thoughts?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
6. Have you separated or tried to separate from the perpetrator in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there conflict over child contact? Give details:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does the perpetrator constantly text, call, contact, follow, stalk or harass you? Do you think this is deliberately done to intimidate you? If yes, please complete the attached Stalking Risk Assessment	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
9. Are you pregnant? Have you had a baby in the last 18 months?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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 the perpetrator try to control everything you do and/or are they excessively jealous? Give details:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Has the perpetrator ever used weapons or objects to hurt you? Give details:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Has the perpetrator ever threatened to kill you or someone else? Do you believe them? You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> IF YES – Provide details of threats and if reported to police	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

	YES	NO	D/K	State source
15. Has the perpetrator ever attempted to: strangle <input type="checkbox"/> choke <input type="checkbox"/> suffocate <input type="checkbox"/> drown <input type="checkbox"/> you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Does the perpetrator do or say things of a sexual nature that make you feel bad? Have they sexually abused anyone else? If yes give details:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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 give details:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if the perpetrator has hurt anyone else? Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other <input type="checkbox"/> If other specify who:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has the perpetrator ever mistreated an animal or the family pet? If yes give details:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there any financial issues? e.g. are you dependent on the perpetrator for money, have they recently lost their job or other financial issues? Give details:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Has the perpetrator had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. a-Has the perpetrator ever threatened suicide? b-Has the perpetrator ever attempted suicide?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
23. Has the perpetrator ever broken bail, an injunction or formal agreement for when they can see you or the children? 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"/> If other give details:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Do you know if the perpetrator has ever been in trouble with the police or has a criminal history? DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/> If other give details:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total 'yes' responses				

MARAC Threshold Guidance

SIGNATORY WIRRAL MARAC PARTNERS

Once completed, please forward this to your MARAC Safeguarding Lead who quality will assure the referral and send to the FSU.



NON MARAC PARTNERS

Please fax the completed referral and risk assessment form to the Family Safety Unit on 0151 604 3544

If further advice and guidance is needed on any case, contact the Family Safety Unit on 604 3567

Risk Identification for 'Domestic' Stalking and Harassment Cases
To be completed ONLY if client answers YES to question 8 of the above risk assessment

The context and detail of what is happening is very important. These are all risk factors of serious harm. Tick the relevant box and comment where necessary.	Yes (tick)	No
1. Is the client very frightened?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the perpetrator engaged in harassment on previous occasions? (with client and/or others)	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the perpetrator ever destroyed or vandalised the client's property?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the perpetrator visit the victim at work, home etc... more than three times per week?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the perpetrator loitered around the client's home, workplace etc?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the perpetrator made any threats of physical or sexual violence in the current harassment incident?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the perpetrator harassed any third party since the harassment began? (e.g. friends, family, children, colleagues, partners or neighbours of the client)	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the perpetrator acted out violently towards people within the current stalking incident?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the perpetrator persuaded other people to help him/her? (wittingly or unwittingly)	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the perpetrator known to be abusing drugs and/or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the perpetrator known to have been violent in the past? (This could be physical or psychological. Intelligence or reported)	<input type="checkbox"/>	<input type="checkbox"/>
Other relevant information/additional observations made by practitioner (e.g. level of fear in client, details of threats and violence, duration of harassment, various harassing behaviours engaged in by perpetrator, victim's beliefs concerning abuser's motives, weapons owned by abuser, nature of unwanted 'gifts'/items left for victim, attitude/demeanour of perpetrator including mental health issues and whether client has responded in any way to the perpetrator)		

Wirral Family Safety Unit –Information to Clients

The Wirral Family Safety Unit provides safety planning, advice, guidance and support for people experiencing domestic abuse.

Information Sharing

The best way to provide you with support is for us to work together with other Wirral agencies who can give you additional support depending on your individual needs and risk.

- We will ask you to sign to agree that you are willing for us to share relevant information with other agencies as listed overleaf.
- We will only share information with agencies that are part of our Information Sharing agreement. Part of that agreement is their commitment to keep your information safe and confidential.
- We will only share information that is relevant to your risk. Any additional information will be stored separately in secure files.
 - We will always seek to tell you what agencies we are going to speak to, or if we are unable to at the time, we will always try to tell you as soon as possible afterwards.

In most cases we can only share information with other agencies if you agree in writing. There are however circumstances when we may have to speak to other agencies without your consent if we feel that you, your children or any other vulnerable person is at risk of suffering significant harm if we fail to share information with them about your case. In those circumstances we will always try to contact you to obtain your consent if it is safe to do so. If we are unable to contact you safely we will tell you as soon as safely possible afterwards.

The Family Safety Unit is a free service and you should never be asked to pay for any service provided by us.

I agree to the sharing of my information by the Wirral Family Safety Unit

Clients name (Please print)

Clients signature

Witness Name (if required) and Signature.....

Date.....

All personal data is collected and processed and stored in compliance with the data protection principles of the Data Protection Act 1988

- Wirral University Teaching Hospital Foundation Trust
- Wirral Partnership Homes
- Wirral Council - Children & Young People's Department
- Wirral Council - Adult Social Care
- Wirral Community NHS Trust
- Merseyside Probation Trust
- Merseyside Police
- Wirral Council -Family Safety Unit
- Wirral Housing – Rehousing Services
- Wirral Council - Education and Social Welfare
- Catch 22 – Intensive Family Support Service
- Wirral Drugs Service
- Wirral Alcohol Service
- Cheshire and Wirral Mental Health Safeguarding Team
- Zero Centre
- Wirral Council - Children's Centres
- Wirral Women and Children's Aid
- Merseyside Victim Support
- Wirral Rape and Sexual Abuse Advisory Service
- Arch Initiatives

**Please send your completed form to the designated MARAC representative in your agency
Do not send directly to Family Safety Unit**