|  |  |  |  |
| --- | --- | --- | --- |
| **Hosp No**  |  | **NHS No** |  |
| **Surname** |  | **Miss / Ms/ / Mrs** |
| **Forename** |  |
| **Address** |  |
| **Post Code**  |  | **D.O.B** | **E.D.D** |

All Wales Domestic Abuse Pathway

**DA2 - Pathway to be completed when there is a disclosure of abuse**

|  |  |
| --- | --- |
| Safe Contact Number:- | Safe time to call:- |
| Perpetrator’s name:-D.O.B:- | Perpetrator’s Address:- |
| Names & Ages of Children:Please state whether living at home Name of School/s  |  |
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## SIGNATURE SHEET - RECORD ALL ENTRIES IN *BLACK INK*

|  |  |  |  |
| --- | --- | --- | --- |
| Health Professional | Signature |  **Profession / Base** | Contact No |
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**Safety Numbers:**

|  |  |
| --- | --- |
| **All Wales Domestic Abuse**  | **08088 010800** |
| **Samaritans** | **08457 909090** |
| **Black Association of Women Step Out** | **02920 343 154** |
|  **Teulu Partnership Team (Merthyr Tydfil)**  | **01685 388444** |
| **Pontypridd Safety Unit (RCT)** | **01443 494194** |
|  |  |

**Name Date:**

**Date of Birth Time:**

Restricted when completed

**CAADA - DASH Risk Identification Checklist for use by Independent Domestic Violence Advisors (IDVA) and other non-police agencies’ for MARAC case identification when domestic abuse, ‘honour’ – based violence and / or stalking are disclosed.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.****Tick the box if the factor is present 🗹. Please use the comment box at the end of the form to expand on any answer****It is assumed that your main source of information is the victim. If this is not the case please indicate in the right hand column.** **Please note questions in BOLD indicate higher risk.** | **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? (Please state what and whether this is the first injury)
 | □ | □ | □ |  |
| 1. **Are you very frightened?**

 **Comment:** | □ | □ | □ |  |
| 1. 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: | □ | □ | □ |  |
| 1. **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:** | □ | □ | □ |  |
| 1. Are you feeling depressed or having suicidal thoughts?
 | □ | □ | □ |  |
| 1. **Have you separated or tried to separate from (name of abuser(s)….) within the past year?**
 | □ | □ | □ |  |
| 1. **Is there conflict over child contact?**
 | □ | □ | □ |  |

Source: CAADA MARAC Implementation Guide – September 08

**Name: Date:**

**Date of Birth: Time:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tick box if factor is present. Please use the comment box at the end of the form to expand on any answer** | **Yes (Tick)** | **No** | **Don’t Know** | **State source of info if not the victim e.g. police officer**  |
| 1. **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).**
 | □ | □ | □ |  |
| 1. **Are you pregnant or have you recently had a baby (within the last 18 months)?**
 | □ | □ | □ |  |
| 1. **Is the abuse happening more often?**
 | □ | □ | □ |  |
| 1. **Is the abuse getting worse?**
 | □ | □ | □ |  |
| 1. **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 (HBV) and specify behaviour).**
 | □ | □ | □ |  |
| 1. **Has (…..) ever used weapons or objects to hurt you?**
 | □ | □ | □ |  |
| 1. **Has (…..) ever threatened to kill you or someone else and you believed them? (if yes, tick who).**

**You Children □ Other (please specify) □** | □ | □ | □ |  |
| 1. **Has (…..) ever attempted to strangle/choke/ suffocate/drown you?**
 | □ | □ | □ |  |
| 1. **Does (…..) 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).**
 | □ | □ | □ |  |
| 1. **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).**
 | □ | □ | □ |  |
| 1. Do you know if (…..) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV).

 Children □ Another family member □  Someone from a previous relationship □  Other (please specify) □ | □ | □ | □ |  |

Source: CAADA MARAC Implementation Guide – September 08

**Name: Date:**

**Date of Birth: Time:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tick box if factor is present. Please use the comment box at the end of the form to expand on any answer** | **Yes (Tick)** | **No** | **Don’t Know** | **State source of info if not the victim e.g. police officer**  |
| 1. Has (…..) ever mistreated an animal or the family pet?
 | □ | □ | □ |  |
| 1. Are there any financial issues? For example, are you dependent on (…..) for money/have they recently lost their job/other financial issues?
 | □ | □ | □ |  |
| 1. **Has (…..) 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 □ Alcohol □ Mental Health □** | □ | □ | □ |  |
| 1. **Has (…..) ever threatened or attempted suicide?**
 | □ | □ | □ |  |
| 1. Has (…..) 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 □ Non Molestation/Occupation Order □Child Contact arrangements □ Forced marriage Protection Order □ Other □ | □ | □ | □ |  |
| 1. 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 □ | □ | □ | □ |  |
| Total yes responses  |  |  |

**NAME:**

**DESIGNATION:**

|  |
| --- |
| **MARAC THRESHHOLD =** 14 ticks or more in the yes box - (Please consider local variations) **Please note questions in BOLD indicate higher risk and MARAC referral may be made with fewer ticks if it includes the high risk questions, please seek advice.**In all cases take victims perception of their risk very seriously and use professional judgement if a client appears to be high or very high risk even if they do not meet the criteria outlined above.Consider victims situation in relation to disability, substance misuse, mental health issues, cultural/language barriers, honour based systems and minimisation. Are they willing to engage with your service? Consider abusers occupation/interest – could this give them unique access to weapons.  |

Source: CAADA MARAC Implementation Guide – September 08

 **Date:**

 **Time:**

MARAC REFERRAL FORM

Restricted when completed

Lead agency: Tel: Fax: Date:

|  |
| --- |
| Victim’s Name: Date of birth: Telephone Number:Address of victim:Perpetrator name:Date of birth:Address of perpetrator:Children’s names: date of birth:Address of Children: |
| Number of ticks on checklist:Reasons for referral:Background and risk issues:Why does this case require a multi agency approach?Is the person referred aware of the MARAC referral? **Attach completed risk assessment with the MARAC Referral keep copy for your records****Pages 1 - 5** |
| **Referring agency:****Contact details and Telephone:****Mobile:****Email Address:** |

**Name: Date:**

**Date of Birth:**

Restricted when completed

Practitioners Notes

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**DA2 REFERRAL PATHWAY**

Please document details of professionals within the multi-disciplinary team informed *NB Ask the woman for her consent to share information with other agencies* - (Refer to Minimum Standards / All Wales Child Protection Procedures / Framework for the Assessment of Children in Need for Guidance) See page 8 Legal Grounds when considering information sharing without consent.

Name: Date:

Date of Birth:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Profession** | **Name** | **Date** | **Time** | **Base and Tel no / comments** |
| Health Visitor |  |  |  |  |
| Named Midwife |  |  |  |  |
| Domestic Abuse lead for Trust(include on database or photocopy ) |  |  |  |  |
| Supervisor of Midwives |  |  |  |  |
| Consultant Obstetrician |  |  |  |  |
| GP |  |  |  |  |
| Named Nurse/ Midwife Child Protection  |  |  |  |  |
| Social Services - Duty Officer |  |  |  |  |
| Named Social Worker |  |  |  |  |
| Local Domestic Abuse GroupIDVA (Independent Domestic Violence Advisor)Domestic Abuse Co-ordinator |  |  |  |  |
| Women’s Aid |  |  |  |  |
| Police |  |  |  |  |
| Police – Interpersonal Violence Unit |  |  |  |  |
| Other Agencies |  |  |  |  |
| Interpreter – NB This must not be a family member |  |  |  |  |
| **Referral to MARAC** |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Name of Professional | Signature | Status | Location of Enquiry | Weeks Gestation | Outcome |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

 Legal Grounds When Considering

Sharing Information Without Consent

Protection Against Disclosure

|  |  |
| --- | --- |
| LEGAL ISSUES | SOURCE |
| Protection of personal data | Data Protection Act 1998 |
| Duty of confidentiality  | Common law |
| Right to private and family life | Human Rights Act, Article 8 |

Main Lawful Grounds for Sharing Without Consent

|  |  |
| --- | --- |
| PURPOSE | LEGAL AUTHORITY |
| Prevention and detection of crime | Crime and Disorder Act 1998 |
| Prevention and detection of crime and/or the apprehension or prosecution of offenders | Section 29, Data Protection Act (DPA) |
| To protect vital interests of the data subject; serious harm or matter of life or death | Schedule 2 & 3, DPA |
| For the administration of justice (usually bringing perpetrators to justice) | Schedule 2 & 3, DPA |
| For the exercise of functions conferred on any person by or under any enactment (police/social services) | Schedule 2 & 3, DPA |
| In accordance with a court order |  |
| Overriding public interest | Common Law |
| Child protection – disclosure to social services or the police for the exercise of functions under the Children Act, where the public interest in safeguarding the child’s welfare overrides the need to keep the information confidential | Schedule 2 & 3, DPA |
| Right to lifeRight to be free from torture or inhuman or degrading treatment  | Human Rights Act,Articles 2 & 3 |

 Name:

Date of Birth:

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| DATE | ACTION PLAN | SIGNATURE |
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Please use this page to record a ‘diary’ of events / whether support referral agencies have responded and are actively involved.

Name:

Date of Birth:

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| DATE | ACTION PLAN | SIGNATURE |
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