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receiving the services they need, at the right time,  
effectively and efficiently.

# Domestic Abuse

## Practice Guidance for Warwickshire Multi-agency Safeguarding Hub (MASH)

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# 1. Purpose of this guidance

- 1.1 This practice guidance has been developed for staff within the Multi-agency Safeguarding Hub (MASH), other professionals and partner agencies to:
- Enable staff within the MASH, other professionals and partner agencies to understand what to expect from the MASH;
  - Describe the MASH roles and structures which will support working with agencies within the MASH;
  - Facilitate an effective and efficient sharing of information within existing legal powers and constraints concerning safeguarding children and adults;
  - Promote co-operation between MASH partners at an operational level.
- 1.2 This practice guidance should be read in conjunction with the [MASH Standard Operating Procedures](#), [MASH Children's Practice Guidance](#) together with any agency's own MASH procedures & safeguarding procedures.

## 2. Domestic abuse practice guidance

- 2.1 Domestic abuse is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:
- Psychological;
  - Physical;
  - Sexual;
  - Financial;
  - Emotional
- 2.2 This definition includes 'honour' based violence, female genital mutilation (FGM) and forced marriage. It is also clear that victims are not confined to one gender, ethnicity, age or sexual orientation.
- 2.3 The approach taken by the MASH will be that a situation cannot be classed as domestic abuse under the above definition unless the perpetrator and victim are both over the age of sixteen years old. Otherwise, this is a child safeguarding concern. It must also be considered whether the matter is also a child safeguarding concern in situations involving seventeen year olds who are subject to the above abuse, Domestic abuse identified as part of wider adult and children's safeguarding will be considered as part of the statutory safeguarding responses above and the appropriate [referral pathway followed for children or adults](#).

### 3. Assessing the level of risk in domestic abuse

- 3.1 Warwickshire partners should be encouraged to access training and then to use the national [Domestic Abuse, Stalking, Harassment and Honour Based Violence \(DASH\), risk identification, assessment and management model](#). DASH is used, along with professional judgement, to qualify the risks posed to victims of domestic abuse.
- 3.2 All referrals which raise concerns of domestic abuse should always be shared with the police within the MASH. Police staff will seek to complete a DASH assessment.
- 3.3 All professionals need to remember that **DASH is only an indicator of the level of risk. The DASH does not determine the level of risk to a child or children living in a household or related to adults where domestic abuse occurs.** A DASH is never completed with children. It is only an indicator to adult victims. Therefore the tool should be used alongside professional judgement, intelligence regarding previous reported domestic abuse or other incidents and intelligence regarding other agencies involvement with a family, in order to qualify the risks posed to children/young people and adults.

### 4. Before making a referral regarding domestic abuse

- 4.1 Professionals should, in general, seek to discuss any concerns with the individual subject to domestic abuse and where possible inform them of the referral being made, however this should not prevent referral where there are concerns of significant risk.
- 4.2 Professional staff should be encouraged by the MASH before making a referral to complete a DASH and consider whether the needs of the individual subject of the concern can be met by services from within their own agency, or by other professionals already involved with the family. However, professionals should only use this tool if they are trained to use this. Completing a DASH is not essential and should not cause delay in a referral being made to the MASH.

## **5. MASH Consultation Service**

- 5.1 A Consultation Service for professionals regarding domestic abuse concerns is provided by the MASH. Each agency will have its own domestic abuse procedures which will detail how to identify concerns. However, further advice about support and when to make a referral can be obtained from the MASH. The same principles will be applied to consultations regarding domestic abuse as they are to children, as detailed in the [MASH Standard Operating Procedures](#).

## **6. Domestic Abuse Referrals**

- 6.1 It is recognised that the majority of specific domestic abuse concerns will be identified by the police. Within the MASH will be the Harm Assessment Unit who will receive and process domestic abuse referrals from reported incidents of domestic abuse received by the police.
- 6.2 All other agencies identifying domestic abuse concerns should complete the electronic online [Multi Agency Referral Form \(MARF\)](#).

## **7. How does a domestic abuse referral progress?**

### **7.1 Warwickshire police referrals to the MASH**

- 7.1.1 The majority, but not all domestic abuse referrals that are received by the MASH will come via Warwickshire Police, namely the Harm Assessment Unit which is based in the MASH.

### **7.2 Initial screening within the police**

- 7.2.1 Police Support Officers within the HARM Assessment Unit (HAU), will identify the referral via the police system that categorises domestic abuse incidents by category of harm identified in the DASH which is standard, medium and high risk. The Police Support Officers will complete an initial screening of all domestic abuse incidents they receive. The aim of this is for Police Support Officers to determine whether they feel information related to the reported incident requires a referral into the MASH and into triage. See below for process linked to Standard Risk Domestic Abuse Incidents.

- 7.2.2 If the incident involves or is linked to a child or if there is an adult safeguarding or mental health concern, consideration will be given whether the referral will be made into the MASH process and into triage.

### **7.3 Management of standard risk domestic abuse incidents**

- 7.3.1 All “standard risk” domestic abuse incidents will be processed and completed by existing HAU staff with children and adult social care in the MASH. The process will be:

1. Every standard domestic incident will be screened. A spreadsheet detailing all standard domestic abuse incidents will be created daily and social care will review and detail if the child/adult is allocated to a social worker or early help officer.
2. The police support officers will as a minimum:
  - a) Review the incident and assess whether the correct risk assessment level has been applied;
  - b) Check police systems to identify and merge any duplicate nominals;
  - c) Check police systems to ascertain previous domestic abuse incidents and criminal offences;
  - d) Check if there has been a history of domestic abuse incidents with previous partner or other violent criminal activities;
  - e) Consider if there is any information from the incident or police systems regarding any other risks particularly mental health, substance misuse or other vulnerabilities.
  - f) Consider if there are concerns about the way the attending officer has completed the DASH, such as information not being complete or clear. If this occurs, feedback will be sent to the officer’s supervisor to follow up to ensure the officer is informed of the correct standards expected.
3. Using professional judgement, informed by the attached guidance in appendix A and with reference (for children) to the [Warwickshire Children’s Safeguarding Board Threshold document](#), the support officers will decide what action is required for each domestic abuse incident. This will generally be:
  - a. No vulnerabilities identified - record and close; usually as there are no children, no adults and no mental health or substance misuse issues identified;

- b. Share with other agencies for early help or targeted support. Usually where a support requirement is identified but no safeguarding concern;
  - c. Refer into the MASH. For children this would be where level 4 safeguarding concerns or child in need concerns have been identified. For adults this would be where an indication of an adult safeguarding concern has been identified.
- 4. All domestic abuse incidents following the completion of the DASH will be shared with the commissioned domestic abuse service which is [Refuge](#). Police do not require formal consent to refer to [Refuge](#) where there are safeguarding concerns. However DASH will aim to seek consent on all incidents referred to the police. Where high risk domestic abuse occurs and there is no consent for a referral to the domestic abuse service, the Domestic Abuse Risk Officer (DARO) will approach the victim and seek permission for consent again to share information with the domestic abuse service and to offer support.
- 5. Upon receipt of the police spreadsheet; social care will:
  - a) Research child and adult social care systems to ascertain previous involvement and identify if there is current involvement. Where there is an allocated social worker and social care or early help team this will be recorded. Those not known will be indicated and those known previously but not currently allocated will be highlighted.
  - b) If there is any information regarding other risks particularly mental health, substance misuse or other vulnerabilities such as children/young people previously subject to a child protection plan, this will be shared.
- 6. Spreadsheets will be retained by police. A MASH supervisor will review the team performance to ensure quality, consistency and developmental needs are met. Multi-agency audits will be completed of the spreadsheets by the MASH management team.
- 7. The police will send all domestic abuse incidents where a child under five years old is involved, female is pregnant to the child health safeguarding team.
- 8. The police will use the notification and action process to send mental health or substance misuse (drug or alcohol) concerns to GP, primary care services.



9. The aim is for standard domestic abuse incidents to be completed within 72 hours upon receipt by HAU. The overall objective is to ensure all incidents are processed and not outstanding by the end of each week.
10. A weekly report to senior officers and MASH managers detailing the incidents completed and outstanding will be sent by the police supervisors. The report will highlight any issues impacting upon completion of work.

7.3.2 This process will continue to ensure a multi-agency premium service in relation to “standard risk” domestic abuse and will help to ensure a timely and considered approach is taken to identify vulnerability to individuals and direct the most appropriate resource to a vulnerable individual.

- 7.4 Medium domestic abuse incidents are prioritised. The above principles will apply, although the spreadsheet is not used but direct professional discussions are undertaken to collate and assess information. Using professional judgement; informed by the attached guidance in appendix A and reference (for children) to the [Warwickshire Children’s Safeguarding Board Threshold document](#) is vital. This should be applied when assessing all domestic abuse incidents.
- 7.5 Police support officers will review the DASH and consider based on the above research whether they agree with the risk indicator. Where the risk identified is not agreed, the support officers will record why they believe the risk identified in the DASH is amended. This will always be authorised by a police supervisor. The explanation for the decision to amend the DASH risk level will be explained on the police system and any subsequent referrals into the MASH.
- 7.6 If police support officers determine that a referral is required; they will generate a referral from the police systems. This will detail the incident and include any information collated above.

## **8. Police making a referral into the MASH.**

- 8.1 Police support officers will load a referral onto the MASH computer system when they consider the need for a domestic abuse incident to go forward for information and advice by social care or triage or further follow up by early help.

- 8.2 At the same time as loading the referral the police support officers will load additional information they hold in order to fulfil their contribution to the assessment process.

## **9. Referrals from other agencies to the MASH**

- 9.1 All other agencies identifying domestic abuse concerns should complete the electronic online [Multi Agency Referral Form \(MARF\)](#). If professionals have an immediate domestic abuse concern, such as witnessing or fearing a domestic abuse incident is occurring and someone's safety is immediately at risk they should contact the police via 999 or 101.
- 9.2 If professionals have an urgent concern they will be encouraged to discuss this concern with MASH by telephone. Such telephone calls as set out in the Standard Operating Procedures will be responded to by children's social care. If the concern is specifically regarding domestic abuse with no children or adult safeguarding concern, then the caller will always be advised to contact the police control room.

### **9.3 Initial screening**

- 9.3.1 Domestic abuse referrals from other agencies will be initially screened by children's social care and loaded upon the MASH system. Within the MASH, social care will complete an initial screening of all domestic abuse incidents they receive. This will include checking:

- Checking details held by children's social care in regards to those individuals involved and linked. Checking if there are children/young people or vulnerable adults known to social care linked to those individuals or household;
- Check if individuals involved have been known for previous domestic abuse incidents or concerns and review the incident referred by police;
- Identify any other information from social care systems that is relevant such as previous involvement, previous domestic abuse referrals or other risks such as offences against children/young people etc;
- To identify whether a DASH has been completed or not.

- 9.3.2 Within the MASH, social care must ensure all domestic abuse incidents are always be referred to the police. Social care will load a referral onto the MASH computer system and flag the referral to the police.

## **10. Communication between the police and social care re: other domestic abuse referrals**

- 10.1 All domestic abuse incidents must always be referred to the police. Social care will load a referral onto the MASH computer system and flag the referral to the police, who will ensure the incident, is loaded onto the police system. The police will contact the victim and complete a DASH.
- 10.2 When a domestic abuse referral is received by MASH, police will take ownership for checking that the risk level is recorded appropriately and obtain a copy of the DASH risk assessment, and where necessary obtain further information from the referrer.
- 10.3 All domestic abuse incidents must be referred to the police to avoid delay in the MASH process, as contacting the victim and establishing police contact can take time.
- 10.4 Where social care receive information about situations covered by another police force such as West Midlands police, social care will directly refer the domestic abuse incident to the relevant police force.

## **11. Other domestic abuse referrals processed by social care**

- 11.1 Children's social care will load a referral onto the MASH computer system when it has been assessed that a domestic abuse incident should go to triage. At the same time as loading the referral children's social care will provide any additional relevant information which will assist the Mash triage process.

## **12. Applying an Initial RAG rating**

- 12.1 Regardless of the agency loading the referral onto the MASH system; a team manager will review the information and add an initial RAG rating, based on the MASH RAG rating and timescales process detailed in [the MASH Children's Practice Guidance \(Section 12.4\)](#). This will indicate the timescale for completion of the referral through the MASH.

## **13. Outcome after initial screening**

- 13.1 There are a number of possible outcomes from the initial screening. If the domestic abuse incident is assessed as standard risk using the DASH, and there have been no previous incidents and no children or vulnerable adults involved and no further action is likely to be taken. Advice and signposting maybe provided.
- 13.2 For medium or high risk domestic abuse incidents; consideration will be given to making a referral to MASH to assess whether the criteria is met for triage. This is in line with the policy to refer on all incidents involving children and vulnerable adults.

## **14. Triage of domestic abuse referrals received by MASH**

### **14.1 Aim of triage**

- Triage is a brief professional review of the referral to determine what response is required to the domestic abuse concerns, in line with agreed thresholds.

### **14.2 Triage- roles and responsibilities**

- Triage always includes an adult or child social worker, police, health, and early help officer. Depending on the concerns raised triage may also include other staff from within the MASH.
- Following triage, consideration will be given as to whether high risk domestic abuse incidents with an immediate risk require a strategy discussion or a MASH meeting. This will be assessed on individual circumstances and complexity of the case. Once agreed that a MASH meeting/ strategy discussion is required; a time will be set for the MASH meeting and information will be collated through triage to take to the MASH meeting.
- For all domestic incidents which meet the criteria to be referred to Multi-Agency Risk Assessment Conference (MARAC), consideration will be given to triage to determine what response is required. Such incidents are graded as high risk and likely to be repeat incidents and potential escalation.

### **14.3 The triage process**

- Triage is a process not an event. All triage requests relating to domestic abuse incidents will be loaded onto the shared system and all information and decision making will be loaded onto the MASH computer system. This will be reviewed by the social care manager, RAG rating applied and referral allocated to a social care practitioner for further follow up.
- When loading the referral onto the MASH computer system, a request for information will be made by the lead agency (police or social care). The lead agency will trigger a request for information via triage to adult or child social worker, police, health, and early help officer. Depending on the concerns raised may also include other staff from within the MASH such as probation for example.
- The other agencies within the MASH will then receive the trigger to complete triage.
- The triage process will include ensuring all relevant electronic recording systems within the MASH are checked to include previous history to determine the levels of risk or need. Agencies then load information they hold onto the MASH system. When sharing this information agencies should get the balance between sharing lists of information and doing this in an analytical manner. Agencies will compile a short chronology of the involvement their agency has had in the past and provide a summary of the main issues or information they hold. They should also check the network on the MASH system against their own system, in order to identify any missing information or missing individuals within or linked to a family.

### **14.4 Gathering and recording information at triage from agencies outside of the MASH**

- Not all agencies that may hold relevant information are co-located in the MASH, therefore it is vital such agencies that have a virtual or single point of contact (SPOC) arrangement with the MASH are contacted to provide any relevant information or involvement they have had. Using the MASH computer system the information will be requested by the lead agency who initially will be the agency loading the referral, so the police or social care. The lead agency will trigger a request for information. The MASH computer system will then send a secure email to the agency with details of the family, the reason for the request and the RAG rating.

- The SPOC will receive the request via secure email; they will check their agency's systems within the agreed timescales, as determined by the RAG rating. They will then return the information via secure email to the MASH at [mash@warwickshire.gcsx.gov.uk](mailto:mash@warwickshire.gcsx.gov.uk). This email address is monitored regularly. When the response is sent the SPOC should ensure "TRIAGE RESPONSE" is included in the title heading for the email. The information received will then be loaded onto the MASH system and flagged that a response has been received to the lead MASH professionals for that referral.

## **14.5 Recommended action following triage and re-assess the RAG rating.**

- The triage of a case should be sufficient to identify key information held by agencies, combined with professional judgement which may identify an increased risk of harm to any individual; which may add further intelligence to the referral to assist in deciding the appropriate outcome.
- After all the information has been collated from the relevant agencies, there will be a triage discussion which should always include an adult or child social worker, police, health, and early help officer but depending on the concerns raised may also include other staff from within the MASH.
- Where necessary, triage may decide to contact the referrer to discuss the case in more detail, this can occur at any point during the MASH process.
- From this a recommended action will be formulated and recorded on the MASH system.
- At the end of triage, the RAG rating should be re-assessed considering the referral, the initial RAG rating that was applied and intelligence gathered through triage. Final recommendation on action to be taken will be clearly identified with the rationale, this will be reflected on the shared system and will be authorised by the social care team manager.

## **14.6 Outcomes following domestic abuse triage**

14.6.1 There are a number of outcomes following triage of domestic abuse referrals as follows (*lists are not exhaustive*):

- The referral meets the child or adult safeguarding criteria and should proceed to a strategy discussion/MASH meeting, if there is information to suggest the child has or is likely to suffer significant harm or there is significant concern around adult safeguarding, consideration will be given as to whether a MASH meeting is required. This will be dependent on individual complexity of the circumstances and agreed with the social care manager.
- The referral meets the child in need or adult with care and support needs, the referral may progress to the social care team following triage for a statutory assessment.
- If the safeguarding criteria are not met the referral will be sent to recognised domestic abuse support agencies. Such referrals are usually sent from the police via automated referral process. This usually includes referral to Refuge for outreach support and/or victim support.
- If the referral is medium risk on the DASH the decision may be made to share information with local Safer Neighbourhoods policing teams to contact the victim and offer support.
- Police may notify the Early Help Team via the early help workers within the MASH where there is already an [Early Help Single Assessment](#) open or refer to the Early Help Team as part of the outcome from triage. This may be appropriate where children have previously witnessed domestic abuse but are not now. This is likely to be most relevant where proactive action has been taken by the adult victim to protect themselves and their children from the impact of domestic abuse.
- The police will use the notification and action process to send mental health or substance misuse concerns to GP, primary care services.
- Referral to third sector voluntary or charitable organisations such as [Domestic Abuse Counselling Service \(DACS\)](#) or other organisations.

## 14.7 Recording the outcome of triage

- The outcome of the triage should be recorded on the MASH system, the responsibility for this rests with the agency taking the case to the triage process.

- If the outcome is other than to hold a strategy discussion/MASH meeting then the outcome is always clearly recorded. Where the referral has come via the MASH system this should be recorded and a record of this sent to the original referrer via the MASH system.

#### **14.8 When to convene a strategy discussion/MASH meeting for domestic abuse referrals**

- If the triage determines that the information meets the safeguarding threshold/criteria for that particular business area; then it may progress to a strategy meeting (for children social care)/ MASH meeting in consultation with the social care manager. The purpose of the meeting/discussion is to establish a risk management plan to safeguard the child and adult, as appropriate. This will be dependent on individual complexity of the circumstances.
- MASH meetings/ Strategy discussions are formal meetings/ discussion and will constitute information sharing meetings for domestic abuse. The statutory basis of the MASH meeting/ strategy discussion will always be made clear at the beginning by the chairperson.
- The record of the MASH meeting will be added to the police incident record on Athena. The MASH record must be completed within **24 hours** of the referral being made. This will include the lead agency's decision and rationale for that decision. This time is measured from the time of receipt of the referral on the MASH system.
- Please see MASH Practice Guidance for information on convening, chairing and recording MASH meeting/Strategy discussions.

#### **15.5 Outcomes following domestic abuse MASH meeting**

15.5.1 There are a number of outcomes following a MASH meeting for domestic abuse referrals as follows (*lists are not exhaustive*):

- The referral meets the child or adult safeguarding criteria and should proceed to a MASH Meeting, either under the child, adult or both safeguarding pathway.
- The referral meets the child in need or adult with care and support needs, the referral may progress to the social care team following triage for a statutory assessment. This will usually be the case where children are witnessing domestic abuse.



- If the safeguarding criteria are not met the referral will be sent to recognised domestic abuse support agencies. Such referrals are usually sent from the police via a referral process. This usually includes referral to [Refuge](#) for outreach support and/or victim support.
- The decision may be made if the referral is medium risk on the DASH to share information with local Safer Neighbourhoods policing teams to contact the victim and offer support.
- Notify early help workers within the MASH where there is already an Early Help Single Assessment open or refer to the Early Help Team as part of the outcome from the MASH meeting for an early help single assessment to be initiated. This may be appropriate where children have previously witnessed domestic abuse but are not now. This is likely to be most relevant where proactive action has been taken by the adult victim to protect themselves and their children from the impact of domestic abuse.
- The police will use the notification and action process to send mental health or substance misuse concerns to GP, primary care services.
- Refer to third sector voluntary or charitable organisations such as [Domestic Abuse Counselling Service \(DACS\)](#) or other organisations.

## 17. Multi-Agency Risk Assessment Conference (MARAC) process

- 17.2 All domestic abuse incidents that are high risk, repeat incidents and previously referred to MARAC in the last 12 months or where there is potential for escalation of risks, will be referred to MARAC.
- 17.3 For high risk domestic abuse cases where a MASH meeting has been held; the record of the MASH meeting will be added to the police incident record on Athena and will be forwarded to the DARO to continue case oversight by the police.
- 17.4 It will be the responsibility of the lead professional for the referral, usually police or social care to ensure a referral is sent to MARAC. However, any professional can make this referral in order to ensure all relevant agencies will

discuss the case in confidence, and produce a further plan to ensure the safety of the victim.

## **18. Honour based violence**

- 18.1 Honour based violence and its various manifestations are a complex and sensitive area. All members of the MASH must never forget that they are interacting with extremely vulnerable women and men, who are often asked by agencies to make life changing decisions in an extremely short space of time. Many honour based violence victims, as in mainstream domestic abuse, just want the abuse to stop. They fear criminalising their parents, families and/or their faith group and fear being isolated from their communities. Staff members must deal with the situation in a culturally sensitive way and where there is any doubt whatsoever they must seek advice and guidance from managers.
- 18.2 There must also be a recognition that honour based violence presents particular difficulties and issues surrounding information sharing. For example, the movement of a victim/survivor into an area different to the one in which they reported, as part of a safety plan. On occasions this occurs without the agencies in the receiving area being aware of either the circumstances or the risk affecting the individual. Particular consideration and care needs to be given when seeking and collating information. The MASH needs to consider who they are contacting for information, particularly agencies outside of the MASH and who will have access to this. Additional measures to ensure confidentiality and information security must be implemented.
- 18.3 In such situations the police act as the lead agency in the MASH and only those MASH staff who need to know information will have access to this. The MASH Service Manager will be informed to ensure information security is implemented and maintained, within the MASH and after referrals leave the MASH.

# 19. Process for responding to domestic abuse referrals made by partner agencies

## 19.1 Social care process

19.1.1 The following principles will apply:

- Before sending any letters to the victim, children's social care need to consider the risks posed by sending such correspondence.
- Other forms of communication such as telephone call or email should be considered. MASH staff will make attempts to contact the parent/carer to discuss the concerns. In the event that MASH cannot reach the parent/carer; a decision is made on an individual basis to send a letter requesting contact with the MASH or alternative agencies making contact to offer support such as Family Information Service.
- When a domestic abuse referral from Warwickshire police is received the police officers who have responded to the domestic abuse incident will inform the victim and perpetrator that details of the incident are shared with children's social care. Therefore, unless the children's social care professional judgement is that a letter is needed to re-enforce or give information on relevant services, a letter is not automatically required.
- When a domestic abuse referral from any other professional is received the referring professional should normally inform the victim that they are making a referral. Where this has occurred, the communication with the victim of the outcome of the referral should be shared, where safe to do so.

19.1.2 The MASH will not be prescribed by the number of domestic abuse incidents that have occurred, before an assessment is initiated. The decision as to whether the threshold is met for a statutory single assessment will be based upon the concerns, having considered the [WCSB Threshold Document](#) along with history and intelligence collated. MASH Professionals will use their professional judgement as to whether a statutory assessment by social care is required.

## 19.2 Early Help process

19.2.1 The Early Help team within the MASH and Family Information Service can support families with advice and signposting around contact issues or specialist support services. Early help will not advise how

contact occurs however this is an opportunity to signpost parent/carers to other agencies that could support.

- 19.2.2 Notification to the Early Help team via the Early Help workers within the MASH where there is already an [early help single assessment](#) open or Family Information Service. An [early help single assessment](#) can also be recommended following triage or a MASH meeting. This may be appropriate where children have previously witnessed domestic abuse but are not now. This is likely to be most relevant where proactive action has been taken by the adult victim protect themselves and their children from the impact of domestic abuse.

### **19.3 Police Domestic Abuse Risk Officer (DARO) role**

- 19.3.1 The Police Domestic Abuse Risk Officer (DARO) role is to take the lead in supporting high risk domestic abuse victims. This support will be initiated by the police.
- 19.3.2 The DARO role includes:
- Accurately assessing the risk posed to victims of domestic abuse;
  - Attending, supporting and presenting information at multi-agency meetings, including MAPPA, MARAC, child protection and vulnerable adult meetings/conferences;
  - Ensuring that relevant documentation is completed at all times, giving particular attention to appropriate referrals to other agencies;
  - Giving consideration to disclosure issues and disseminate through the appropriate channels;
  - Liaising with and assisting investigation teams and external agencies to ensure opportunities to protect and manage the risk to victims, children, their families, and the community, and the police and partner agencies are maximised;
  - Provide support and guidance to staff on assessing and managing risk presented by domestic abuse;
  - Decision making: gathers, verifies and assesses all appropriate and available information to gain an accurate understanding of situations. Considers a range of possible options before making clear, timely, justifiable decisions. Reviews decisions in the light of new information and changing circumstances. Balances risks, costs and benefits, thinking about the wider impact of decisions. Exercises discretion and applies professional judgement, ensuring actions and decisions are proportionate and in the public interest.

## **19.4 Independent Domestic Violence Advocate (IDVA) role**

19.4.1 Within the MASH, police will refer victims who are considered at high risk of harm to the Independent Domestic Violence Advocates (IDVAs) who are trained specialists who provide a service to those at high risk of harm from intimate partners, ex-partners or family members; with the aim of securing their safety and the safety of their children. Serving as a primary point of contact, IDVAs normally work with service users from the point of crisis, to assess the level of risk, discuss the range of suitable options and develop safety plans.

19.4.2 IDVA's provide support to victims through the courts and criminal justice system, particularly assisting in making applications for restraining orders, non-molestation orders and prohibitive behaviours.

## **19.5 Quality assurance and auditing processes**

19.5.1 The MASH will also link to the Multi-Agency Risk Assessment Conference (MARAC) process who will be encouraged along with other agencies to provide feedback on the outcome of referrals to MARAC that have come via MASH. Such as the appropriateness of the referral, the level of multi-agency detail provided by the MASH to the MARAC. This will be attended by the Risk Management Officer based within the MASH.

19.5.2 MASH will regularly audit standard or medium risk incidents that have not been referred into the MASH. This will include domestic abuse, adult and child incidents. From this a random sample of 15 incidents will be chosen and reviewed by each agency. Agencies will be asked to consider whether the response provided to the incident was proportionate and in line with threshold document; if a referral into the MASH should have been completed and what difference could have been made (if any) for the child if this had occurred.

19.5.3 A multi-agency audit meeting will then be held which will include representatives from police, children, early help, health or education. The meeting will be minuted and the learning distributed and shared with police staff.

## 20. Further information and references

- [Domestic Abuse Social Work Service Procedure](#)
- [DASWS Referral Form Blank.doc](#)
- [Refuge - new approach to supporting victims of DV](#)
- [Children and families domestic abuse procedures and guidance pages](#)
- [Domestic Violence and Abuse](#)
- [Honour Based Violence](#)
- [Forced Marriage](#)
- [Children Affected by Gang Activity or Serious Youth Violence](#)
- [Children and Female Genital Mutilation \(FGM\)](#)
- [MASH Glossary of Terms](#)

## 21. Appendices

### [Guidance for support officers for good decision making regarding domestic abuse incidents](#)

Based upon the [Children's Safeguarding Board Threshold Document](#). This is a guide only to assist professional judgement, not all factors will be relevant in all cases.