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**YOUNG PEOPLE’S DASH RISK ASSESSMENT – FOR USE WITH YOUNG PEOPLE IN SHEFFIELD AGED 13-18**

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| **DOMESTIC ABUSE, STALKING, HARASSMENT & ‘HONOUR’ BASED ABUSE** |

**AFTER COMPLETING DASH, CIRCLE RISK LEVEL HERE: High** / **Medium** / **Standard**

Date:

**Complete MARAC Referral section if HIGH RISK and aged 16 or over**

Name of person completing DASH:

Agency:

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| **PLEASE NOTE - Explicit** consent (**or lack of**), for **both** referral to MARAC ***and*** sharing of information must be clearly recorded in **Sections 4 & 4A**. Failure to record this information may result in the form being returned ***and*** a **delay** in it being listed for MARAC**Consent** is ***explicitly*** required for **medium/standard** risk cases if you wish to refer to the relevant service |

**The MARAC Referral should be quality assured by a trained practitioner in your agency (this may be your MARAC rep) and / or your manager before submission[[1]](#footnote-1). The exception to this may be when it is an urgent referral and it is within 48hrs of the deadline for referrals being accepted.**

Name of your MARAC Rep /champion:

Contact number and email address of your MARAC Rep/Champion:

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| **The experience of relationship abuse by young people is a safeguarding issue which should be shared with your safeguarding children’s team. A referral will also be required if you believe that there are risks facing any children in the family.** |
| Please confirm if you have made a referral to safeguard the young person and any children they have: |  Yes ☐ No ☐ |
| **Name of agency safeguarding lead** |  | **Date referral made**  |  |
| **If the young person is over 16, do you believe that there are reasonable grounds for referring this case to MARAC?** |  Yes ☐ No ☐ |
| **If yes, have you made a referral?** | Yes ☐No ☐ | **Signed** |  |
|  |
| **SECTION 1 – PERSONAL DETAILS** |
| **VICTIM’S DETAILS** |
| NAME :NAME OF PARENT/CARER: |  | DATE OF BIRTH: |
| Name, agency and contact details of known professional(s) involved: |  | School/Education Setting (if appropriate)Legal status & name of social worker i.e. CIN/CP/LAC etc (if appropriate) |
| ADDRESS OF VICTIM:Is it safe to post to this address Y/NIf no please provide an alternative | TELEPHONE NO: | ALTERNATIVE CONTACT NO: |
| IS IT SAFE TO CALL? Y / NIf there are specific times when it is safe to call please provide them here: |
| EMAIL ADDRESS: |
| IS IT SAFE TO EMAIL? Y / N |
| **Gender** (please underline): FemaleMaleNon-BinaryPrefer to self – describePrefer not to say | **Ethnicity** (please state):Prefer not to say | **Disability** (please state **-** Inc. learning disability):Prefer not to say | **Sexual Orientation[[2]](#footnote-2)** (please underline): BiGay MaleGay female/LesbianHeterosexual/StraightPrefer to self-describe Prefer not to say |
| **Is your gender identity the same as the sex assigned at birth?[[3]](#footnote-3)**YesNoPrefer not to say |
| **PERPETRATOR’S DETAILS** |
| NAME :NAME OF PARENT/CARER If under 18: | DATE OF BIRTH: |
| Name, Agency and contact details of professional(s) involved: | School/Education Setting (if appropriate):  |
| ADDRESS OF PERPETRATOR: | RELATIONSHIP TO VICTIM (please state): |
| For police check purposes - Please state if the perpetrator (if an adult) has ever worked in the military, worked as a lorry driver or if they often travel to other areas or have resided outside of South Yorkshire: |
| **Gender** (please underline): FemaleMaleNon-BinaryPrefer to self – describePrefer not to say | **Ethnicity** (please state):Prefer not to say | **Disability** (please state **-** Inc. learning disability):Prefer not to say | **Sexual Orientation** (please underline): BiGay ManGay Woman/LesbianHeterosexual/StraightPrefer to self-describe Prefer not to say |
| **Is the gender identity the same as the sex assigned at birth?**YesNoPrefer not to say |
| **CHILDREN’S DETAILS (IF ANY)**IF YOU RUN OUT OF ROOM PUT DETAILS IN REASONS FOR REFERRAL |
| NAME | ADDRESS | DATE OF BIRTH | RELATIONSHIP TO VICTIM  | RELATIONSHIP TO PERPETRATOR | SCHOOL(If known) |
|  |  |  |  |  |  |
|  **GENERAL PRACTIONER (GP) DETAILS FOR THE VICTIM – PLEASE NOTE – THIS IS CONSIDERED MANDATORY INFORMATION** |
| **GP Name:****Surgery address:****Does the victim consent to their GP being notified of the referral made to MARAC? \*Yes / No (\*delete as appropriate)** |
| **SECTION 2 – YOUNG PEOPLE’S DASH RISK ASSESSMENT** |
| THE 4 KEY CRITERIA THAT CONSTITUTE A HIGH RISK REFERRAL:1. **VISIBLE HIGH RISK**
2. **POTENTIAL ESCALATION**
3. **REPEAT INCIDENT *(WITHIN 12 MONTHS OF PREVIOUS HIGH RISK ASSESSMENT)***
4. **PROFESSIONAL JUDGEMENT**
 | DEFINITION OF HIGH RISK:**A RISK THAT IS LIFE THREATENING AND/OR TRAUMATIC AND FROM WHICH RECOVERY, WHETHER PHYSICAL OR PSYCHOLOGICAL CAN BE EXPECTED TO BE DIFFICULT OR IMPOSSIBLE[[4]](#footnote-4)**  |
|  |
| THE CONTEXT AND DETAIL OF WHAT IS HAPPENING IS VERY IMPORTANT.TICK THE RELEVANT BOX AND **ADD CONTEXT** AND **DETAIL** WHEREVER YOU CAN**The young people’s DASH is split into questions that require yes/no answers, and areas where you are required to make observations. Please use the comment boxes provided throughout the form to record your professional judgement about how the young person’s specific situation affects their risk.****At the end of the checklist, consider the number of questions the young person has answered yes to and your professional judgement in combination and offer risk management options based on this.** **YOU HAVE A RESPONSIBILITY AND A SAFEGUARDING DUTY TO RESPOND TO YOUNG PEOPLE AT THE EARLIEST POINT POSSIBLE TO PREVENT EXPOSURE TO, AND ESCALATION OF ABUSE.** **It is assumed that your main source of information is the young person who has been harmed, if this is not the case please indicate in the right hand column****For help and support with this form please see guidance and/or contact Sheffield Safeguarding Hub 0114 273 4855 (24 hours) or IDAS 0808 8082241** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Your feelings:** | **YES** | **NO**  | **DON’T KNOW** | **STATE SOURCE OF INFO IF NOT VICTIM (i.e. social worker, police officer etc)** |
| 1. **Are you frightened or scared:**

Comment: *Consider asking victim on a scale of 1-10 how frightened they are* |  |  |  |  |
| 1. **What are you afraid of? Is if further violence?**

Comment: |  |  |  |  |
| 1. **Are you feeling low or finding your emotions hard to cope with? Are you having suicidal thoughts?**

**How are you feeling?**Comment:  |  |  |  |  |
| **CONSIDERATION AS PART OF YOUR PROFESSIONAL JUDGEMENT** |
| * Does the young person recognise what a dangerous situation might be and their vulnerability?
* Are they exploring risk taking behaviour as part of their development? How might this affect their safety?
* Would this young person involve the police (or seek help from a trusted adult) if they were hurt again?

Comment:  |
| **WHAT IS HAPPENING TO YOU NOW** | **YES** | **NO** | **DON’T KNOW** | **STATE SOURCE OF INFO IF NOT VICTIM (i.e. social worker, police officer etc)** |
| 1. **Has the current incident resulted in injury? Please state what and whether this was the first injury**

Tell me in your own words what has happened..Do they hurt you? Tell me about this..Can you remember when this started?Comment: |  |  |  |  |
| 1. **Does (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) constantly text, message, contact, follow, stalk or harass you? Either in person, online or by phone?**

Comment:  |  |  |  |  |
| 1. **Does (\_\_\_\_\_\_\_\_\_\_\_\_) try to control everything you do? (for example, who you see or what you wear?)** **Do they get jealous about anything you do?**

What would happen if you were to say no to anything he or she asks of you? Can you explain so I can understand?Comment: |  |  |  |  |
| 1. **Is the abuse happening more often?**

Comment: |  |  |  |  |
| 1. **Is the abuse getting worse?**

Comment:  |  |  |  |  |
| **CONSIDERATION AS PART OF YOUR PROFESSIONAL JUDGEMENT:** |
| * How old is the young person? Where are they in the formal education system?
* Is there any evidence that the young person may be minimising or exaggerating their experience?

Comment:  |
| **YOUR LIFE AND RELATIONSHIP** | **YES** | **NO** | **DON’T KNOW** | **STATE SOURCE OF INFO IF NOT VICTIM (i.e. social worker, police officer etc)** |
| 1. **Do you see your family/friends as much as you would like? Does (\_\_\_\_\_\_\_\_\_\_\_\_) stop you from seeing friends and family or professionals?**

Comment:  |  |  |  |  |
| 1. **Are you pregnant or do you have a baby?**

Do you think you could be pregnant? When was your last period? |  |  |  |  |
| 1. **Are there any financial issues?**

*For example, is (\_\_\_\_\_\_\_\_) experiencing difficulties with money (debts or loans) or are you dependant on (\_\_\_\_\_\_\_\_\_\_\_) for money or do they take money from you?*Comment:  |  |  |  |  |
| **CONSIDERATION AS PART OF YOUR PROFESSIONAL JUDGEMENT** |
| * Is this the first relationship the young person has been in? How is this impacting their friendship group/understanding of acceptable behaviour?
* Has the young person experienced abuse and violence within their family and has this affected their understanding of effective conflict resolution or normalised the experience of violence? Does it also limit the safe places they can be?
* Is the young person involved or affiliated to any gangs and does this mean that there are additional risks posed by other people?
* Is the young person at risk of sexual exploitation? Specific risk factors may include being reported missing form care, being missing from home, being the care of the local authority and living in a residential home. Are you or colleagues aware of specific risks within the community from known perpetrators?
* Does the young person have any specific needs or vulnerabilities in relation to disability and learning difficulties, substance misuse, mental health issues, cultural/language barriers, so called ‘honour’-based systems or geographic isolation?

Comment:  |
| **THINGS THAT MIGHT HAVE HAPPENED TO YOU IN THE PAST** | YES | NO | **DON’T KNOW** | **STATE SOURCE OF INFO IF NOT VICTIM (i.e. social worker, police officer etc)** |
| 1. **Have you broken up with or tried to break up with the person who is hurting you?**

Comment: |  |  |  |  |
| 1. **If you have children, is there conflict between you and the person who is hurting you over seeing the children?**

Comment:  |  |  |  |  |
| 1. **Has** **(\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ever used weapons or objects (such as a phone or household item) to hurt you?**

Comment:   |  |  |  |  |
| 1. **Has** **(\_\_\_\_\_\_\_\_\_\_\_\_\_) ever threatened to kill you or someone else?**

If yes, circle who,You ChildrenA member of your familyOther (please specify) |  |  |  |  |
| 1. **Has (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ever attempted to strangle/choke/suffocate/drown you?**

Comment:  |  |  |  |  |
| 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.**

Comment:  |  |  |  |  |
| 1. **Is there any other person who has threatened you or hurt you in the past?**

Comment: |  |  |  |  |
| 1. **Do you know if (\_\_\_\_\_\_\_\_\_\_\_\_) has hurt anyone else?**

 If yes circle who, Children Another family member Someone from a previous relationship Other (please specify) |  |  |  |  |
| 1. **Has (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ever mistreated an animal or their family pet?**

Comment:  |  |  |  |  |
| **THE PERSON WHO HARMS YOU** | **YES** | **NO** | **DON’T KNOW** | **STATE SOURCE OF INFO IF NOT VICTIM (i.e. social worker, police officer etc)** |
| 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?** (Please specify what)

Drugs? Alcohol? Mental Health? |  |  |  |  |
| 1. **Has (\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ever threatened or attempted suicide?**

Comment:  |  |  |  |  |
| 1. **Has (\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ever breached their bail conditions or not followed an order by the police or a judge in court?**

Bail conditions? Non Molestation/Occupation order?  Child contact arrangements? Forced Marriage Protection Order?  Other (please specify) |  |  |  |  |
| 1. **Do you know if (.................) has ever been in trouble with the police or has criminal history? (If yes, please specify)**

DVA? Sexual violence? Other Violence? Other? |  |  |  |  |
| **CONSIDERATION AS PART OF YOUR PROFESSIONAL JUDGEMENT** |
| * Is the person who hurts your client older than them? By how many years?
* Is the person who hurts your client gang involved or affiliated? Does this place your client or additional potential victims (consider all family members) at additional risk?

Comments:  |

|  |  |
| --- | --- |
| **FOR CONSIDERATION BY PROFESSIONAL** | **COMMENTS/ADDITIONAL INFORMATION** |
| **What additional concerns do you have based on your professional judgement/escalation?** |  |
| **Is the young person willing to engage with your service? Describe** |  |
| **Consider the person causing harm’s occupation/interests.*** Could this give them unique access to weapons?
* How involved is your client in relation to any illegal weapons and how might this affect their safety and help seeking?

**Describe.** |  |
| **What are the young person’s greatest priorities to address their safety? Describe.** |  |

**RISK LEVEL (please tick): STANDARD: MEDIUM: HIGH:**

***IMPORTANT –*** *if you have received a completed DASH from another agency you should review this with the victim as they may make further disclosures or there may have been further abuse*

**THE RISK LEVEL MUST BE BASED ON THE REFERRAL CRITERIA AS HIGHLIGHTED IN SECTION 2 ABOVE, *NOT* JUST ON THE NO. OF TICKS**

***All under 18s MUST be referred to the Sheffield Safeguarding Hub***

***0114 273 4855 (24 hours)***

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| **SECTION 3 – MARAC REFERRAL – *aged 16 or over only***  |

**ALL HIGH RISK CASES WHO ARE AGED 16 OR OVER MUST BE REFERRED TO MARAC ON REFERRAL FORM BELOW**

**HIGH RISK = A RISK THAT IS LIFE THREATENING AND/OR TRAUMATIC AND FROM WHICH RECOVERY, WHETHER PHYSICAL OR PSYCHOLOGICAL CAN BE EXPECTED TO BE DIFFICULT OR IMPOSSIBLE[[5]](#footnote-5)**

 **FOR STANDARD AND MEDIUM CASES PLEASE SEE APPENDIX A.**

**MARAC REFERRAL FORM – FOR HIGH RISK CASES ONLY**

**Agencies should continue to follow their own procedures regarding any Child/Adult Safeguarding issues *and* continue to adhere to any agreed Domestic Abuse Policies.**

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| --- | --- |
| **NO. OF RISK ASSESSMENTS COMPLETED BY REFERRER IN LAST 12 MONTHS (with this victim):** |  |
| **IS THIS REFERRAL A MARAC REPEAT?*****Repeat Definition:**** **A case which has been previously referred to a MARAC and at some point in the 12 months from the date of the last referral a further incident is identified, which, if reported to the police, would constitute criminal behaviour:**

**For example:** **- Violence or threats of violence to the victim (including threats against property); or****- A pattern of stalking or harassment; or,****- Rape or sexual abuse; or****- Any other crime e.g. Criminal Damage** | YES / NO |
| REASON(S) FOR REFERRAL: |
| IDENTIFY **IMMINENT RISKS of SERIOUS HARM** TO THE VICTIM/CHILDREN: |
| **SECTION 4 - CONSENT** |
| **\*When seeking consent, please ensure that it is understood that they are consenting to information being shared (about themselves and any children) with other services where considered appropriate. Also that information may be shared without consent should appropriate thresholds be met.** |
| IS THIS PERSON AWARE OF THE MARAC REFERRAL? | YES | NO – Give details: |
| Has consent**\*** been provided by the victim for the case to be referred to MARAC? | YES | NO – Complete Section 4A below |
| Has consent**\*** been provided by the victim for information to be shared at MARAC? | YES | NO – Complete Section 4A below |
| Has the parent/carer consented**\*** for information about their child/children to be shared at MARAC | YES | NO – Complete Section 4A below |
| **SECTION 4A – SHARING *WITHOUT* CONSENT[[6]](#footnote-6) -** **ALLOWED IF THE FOLLOWING CRITERIA ARE MET:** |
| **Article 6 of the GDPR covers:** *Conditions for processing data* ***WITHOUT CONSENT*** *–* ***Condition*** *4* ***Vital Interests*** *applies, so the processing is necessary to protect someone’s life***\*****\* Please ensure local case files are also updated with this information** | APPLIES?YES/NO**\*****\*Please delete as appropriate** | **Article 9 of the GDPR covers:** *Conditions for processing* ***Special Category*** *data* ***WITHOUT CONSENT****–* ***Condition*** *2* ***Processing*** *is necessary for the purposes of providing for appropriate safeguards for the fundamental rights and interest of the data subject***\*****\* Please ensure local case files are also updated with this information** | APPLIES?YES/NO**\*****\*Please delete as appropriate** |
| HAS THE VICTIM BEEN REFERRED TO ANY OTHER MARAC? YES / NO IF YES WHERE / WHEN?  |

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| **SECTION 5 – REFERRER’S DETAILS** |
| **ATTENDING THE MARAC:** | **PLEASE NOTE – BY COMPLETING THIS SECTION YOU ARE CONSENTING THAT YOU (OR A REPRESENTATIVE FROM YOUR AGENCY) WILL ATTEND MARAC TO PRESENT THE CASE AND RESPOND TO ANY QUERIES ABOUT RISK ISSUES AND/OR CONSENT** |
| **REFERRING PERSON’S DETAILS** |
| **NAME & ROLE IN AGENCY:** |  |
| **ADDRESS:** |  |
| **TELEPHONE:** |  | FAX: |
| **MOBILE:** |  |  |
| **EMAIL:** |  | IS EMAIL ADDRESS SECURE? YES/NO  |

**Please ensure the form is fully completed and checked before sent. The preferred method is sent via email however, the form SHOULD ONLY be sent via a SECURE EMAIL address. Post should only be used if you cannot use E-MAIL or FAX. If you post the form you must use 1st class registered post.**

**PLEASE SEND THE HIGH RISK MARAC REFERRAL FORM FOR VICTIMS AGED 16 OR OVER ONLY TO THE RELEVANT AREA WHERE THE VICTIM RESIDES (BELOW). ALSO SEND TO THE IDVA SERVICE (FAILURE TO DO THIS WILL RESULT IN A DELAY IN KEY AGENCIES RECEIVING THE INFORMATION, WHICH MAY PREVENT EARLY AND VITAL INTERVENTION BY THESE SERVICES).**

|  |
| --- |
| **SHEFFIELD** |
| **Email:** **sheffield.marac@idas.cjsm.net****Address:****Sheffield MARAC****C/O Sheffield IDAS****Norfolk Chambers,****9-11 Norfolk Row,****Sheffield S1 2PA****&****sheffield.idva@idas.cjsm.net****Tel: 0808 808 2241** |

**APPENDIX A – for standard and medium risk young people who are aged 16 or over consent *MUST* be obtained to refer them to a domestic abuse service, See SECTIONS 4 & 4A ABOVE. Once this has been confirmed, please send referrals to IDAS and the Safeguarding Hub**

**The Sheffield Safeguarding Hub**

**phone: 0114 273 4855 (24 hours)**

**email:****sheffieldsafeguardinghub@sheffield.gov.uk**

**IDAS**

**Sheffield Domestic Abuse Helpline:**

**Tel:0808** **808 2241**

**Email info@idas.org.uk**

**Secure email** **idva.sheffield@idas.cjsm.net**

**(For out of hours housing support call 0800 7311 689)**

**NOTES FOR GUIDANCE**

**NOTES FOR GUIDANCE:**

* Please **type** the form wherever possible, if hand written please use BLOCK capitals.
* Please **complete all parts** of the form in as much detail as possible. **Add relevant information** **whenever you tick ‘yes’** in answer to any of the questions.
* **One** form must be used per victim.
* **For MARAC Referrals** - in the ‘**reasons for referral’** put as much information in but be brief and concise (for police officers information should be included from all police systems).
* **NO** extra paperwork is to be sent with the form, just send the referral form only.
* **PLEASE ENSURE YOU HAVE COMPLETED SECTIONS 4 & 4A RE CONSENT – FAILURE TO DO SO MAY RESULT IN A DELAY IN THE CASE BEING DISCUSSED AT MARAC**

**WHEN TO SEND THE FORM:**

1. MARAC Referral Forms must be with the MARAC administrators **NO LATER** than 8 working days before the date of the MARAC

2. If a case is urgent then you must consider calling an emergency MARAC outside of the normal MARAC framework.

1. Failure to complete this ***may*** result in the DASH being returned for further information/quality assurance etc [↑](#footnote-ref-1)
2. Please complete the Stonewall LGBT+ special considerations risk assessment if the subjects are LGBT+ and this would be age appropriate, this can be found here: <https://sheffielddact.org.uk/domestic-abuse/wp-content/uploads/sites/3/2021/06/Stonewall-LGBT-Risk-Practice-Tool.doc> along with guidance notes here: <https://sheffielddact.org.uk/domestic-abuse/wp-content/uploads/sites/3/2021/06/Stonewall-LGBT-Risk-Practice-Tool-Guidance.doc> [↑](#footnote-ref-2)
3. Please complete the Stonewall LGBT+ special considerations risk assessment if the subjects are LGBT+ and this would be age appropriate, this can be found here: <https://sheffielddact.org.uk/domestic-abuse/wp-content/uploads/sites/3/2021/06/Stonewall-LGBT-Risk-Practice-Tool.doc> along with guidance notes here: <https://sheffielddact.org.uk/domestic-abuse/wp-content/uploads/sites/3/2021/06/Stonewall-LGBT-Risk-Practice-Tool-Guidance.doc> [↑](#footnote-ref-3)
4. **Please note, this means high risk of serious harm and not ‘*just’* high risk of further domestic abuse** [↑](#footnote-ref-4)
5. **Please note, this means high risk of serious harm and not ‘*just’* high risk of further domestic abuse** [↑](#footnote-ref-5)
6. **Articles 6 & 9 of GDPR allow for information sharing without consent, one condition from each article must be listed. For more information, please visit the relevant section of the DACT website:** [**www.sheffielddact.org.uk**](http://www.sheffielddact.org.uk) [↑](#footnote-ref-6)