

High Risk Domestic Abuse Referral Form to Southampton MASH (Multi-Agency Safeguarding Hub)

This form is a referral for adults who are currently experiencing Domestic Abuse at the **highest risk** level (where a victim is at imminent risk of serious physical harm or death). This form applies to adults with or without children in the household. It is also a referral for safeguarding a child or children under 18 years, where a parent or carer is also experiencing high risk Domestic Abuse. A (DASH) Risk Assessment form should also be completed with the DA victim (where possible)

This form will trigger a joint, multi-agency response to safeguard and reduce the risk of harm for adults experiencing high risk Domestic Abuse and their children (if applicable). For advice and support about Domestic Abuse, including assessing risk levels call **PIPPA 023 8091 7917**. For advice about safeguarding concerns about a child call **MASH 023 8083 2300**. **For advice or help with this referral form call MASH.**

Referral TAKEN by

Name	<input type="text"/>	Job title	<input type="text"/>
Agency/team	<input type="text"/>	Date of referral	<input type="text"/>
Time	<input type="text"/>	Tel	<input type="text"/>

Details of person making this referral

Referral name	<input type="text"/>	Job title	<input type="text"/>
Agency	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>	Postcode	<input type="text"/>
Tel/mobile	<input type="text"/>	Email	<input type="text"/>

Section A: Details of Victims

Name of adult victim

Last name First names

Other names known by

Address

Tel **Is this safe to call** Yes No

Please insert any relevant contact information e.g. safe times to call and/or communication needs e.g. interpreter:

Diversity data

BME Disabled LGBTQ Gender M/F Additional Care Needs

Other significant associates of the victim

Name Date of birth

Relationship

Name of adult (alleged perpetrator)

Last name First names

Other names known by

Date of birth Address

Relationship to victim

Section B: Child/young person details continued

Are there any communication /interpreting needs for the child and/or family?

Does the child and/or family have a disability or special needs?

Section C: Referral details

Has a Domestic Abuse Risk Assessment (DASH) been completed?

Yes By whom When

No Why not

Is the trigger for a referral now:

Professional judgement that it is at highest risk level Yes No Not Known

Visible high risk (15 ticks or more on DASH risk checklist) Yes No Not Known

Potential escalation (3 or more significant incidents in last 12 months) Yes No Not Known

Is this a repeat referral to MASH in last 12 months (for the victim) Yes No Not Known

Has this gone to MARAC in last 12 months (for the victim) Yes No Not Known

Is this the repeat referral to MASH in the last 12 months (for the alleged perpetrator) Yes No Not Known

Has this gone to MARAC in the last 12 months (for the alleged perpetrator) Yes No Not Known

Who is the victim afraid of? (what are the potential threats and risks and not just primary perpetrator)

Who does the victim believe it's safe to talk to?

What other communication issues should we be aware of?

Section D: Professionals involved

Other professionals involved with any member of family (to include GP and school details)

First name	Family name	Job title	Team/agency	Email	Tel/mobile	To whom does this apply?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has there been previous statutory, specialist or targeted involvement with any member of the family?

	No	Yes	Not known	To whom does this apply?
Children's Social Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child and Adolescent Mental Health Service CAMHS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special Educational Needs or Disability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Education Welfare Service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Specialist Health	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adult Services – (Safeguarding Learning Disability, Other)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Youth Offending Service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Police	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Housing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Probation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IDVA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adult Mental Health	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Substance Misuse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Specialist DA Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section E: Reason for referral

Identify if any of the following apply as key contributory factors

Mental health Drug or alcohol misuse

Domestic abuse Additional care needs (vulnerable adult)

Outline the reasons for referral now and/or your priority concerns for the adult (victim)

Outline any safeguarding and/or child protection concerns you have

Outline the safeguarding or Child Protection concerns you have for this/these child/ren?

Do you have other concerns for this/these child/ren? And/or for their carers parenting capacities?

What are your concerns based on? What are the risks?
(What information have you gathered about the child/family).

What support has already been offered by your agency and/or other agencies and what were the outcomes in terms of helping the family?

Why are you referring for further support for the child/ren at this point? And from whom are you seeking this?

How will this intervention support the child/ren and decrease your concerns about safeguarding risks or for the wellbeing for the child/ren?

Are there other concerns or risks for this family?

What support has already been offered by your agency and/or other agencies to reduce risk of harm?

Is there something you particularly want to happen as a result of this referral?

Section F: Privacy Notice and Signature

Privacy Notice

Southampton City Council is collecting this information in order to perform this service or function, and if further information is needed in order to do so, you may be contacted using the details provided. In performing this service, the Council may be required to share your information with other organisations or departments, but it will only do so when it is necessary in order for the service to be provided.

The Council may also share personal information for the purposes of the prevention, investigation, detection, or prosecution of criminal offences, but will not share personal information, or use it for this, or any other purpose, unless provided for by law.

The information provided will be held on file and may also be stored electronically and will be used for the purpose of its involvement in giving support and advice in relation to the child/young person as specified above

More detailed information about the Council's handling of your personal data can be found in its privacy policy, available online (<http://www.southampton.gov.uk/privacy>), or on request.

Please note that adults, parents and/or carers should understand the reasoning for this referral, unless this information jeopardises their safety and will put them or a child at immediate risk of harm.

Has the adult (victim) and/or parent/carer given consent for this referral

Yes

No Signature

Has a child or young person given consent for this referral

Yes

No Signature

Is the adult aware of this referral?

Yes

No

If parent/carer have not given consent to, or have not been made aware of, this referral, please provide reason why.

Section G: Submit this form

Send this form securely to Multi-Agency Safeguarding Hub (MASH) in Southampton Tel/Fax/Email options as follows:

Southampton MASH, Children Services, North Block, Civic Centre, Southampton

Fax: **023 8083 2968** Tel: **023 8083 2300**

Email for partner agencies: **mash@southampton.gov.uk**

For partner agencies you can also send this securely via Anycomms choosing Southampton MASH.

For more information please call MASH