

# 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.**

---

## 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  Date of birth

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?

First name  Family name   
Job title  Team/agency   
Email  Tel/mobile   
To whom does this apply?

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

#### Children's Social Care

Yes  No  Not Known  To whom does this apply?

#### Child and Adolescent Mental Health Service CAMHS

Yes  No  Not Known  To whom does this apply?

#### Special Educational Needs or Disability

Yes  No  Not Known  To whom does this apply?

#### Education Welfare Service

Yes  No  Not Known  To whom does this apply?

#### Specialist Health

Yes  No  Not Known  To whom does this apply?

#### Adult Services – (Safeguarding Learning Disability, Other)

Yes  No  Not Known  To whom does this apply?

#### Youth Offending Service

Yes  No  Not Known  To whom does this apply?

## Section D: Professionals involved continued

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

### Police

Yes  No  Not Known  To whom does this apply?

### Housing

Yes  No  Not Known  To whom does this apply?

### Probation

Yes  No  Not Known  To whom does this apply?

### IDVA

Yes  No  Not Known  To whom does this apply?

### Adult Mental Health

Yes  No  Not Known  To whom does this apply?

### Substance Misuse

Yes  No  Not Known  To whom does this apply?

### Specialist DA Services

Yes  No  Not Known  To whom does this apply?

### Other

Yes  No  Not Known  To whom does this apply?

## 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 jeopardies 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