



Working together to end domestic
& sexual violence in Southampton

MARAC Referral Form

(Multi Agency Risk Assessment Conference)

All sections on this form must be completed

Referring agency details

Name

Organisation

Team

Contact number

Email address

Date referred Is victim aware of referral to MARAC? Yes ☐ No ☐

Has consent been given? Yes ☐ No ☐

Primary victim details

First name

Surname

Date of birth

Gender (Male/Female/Transgender) Other please state

Ethnic identity

Religious beliefs

Permanent address

Temporary address

Date of move

Is language support required? (If yes, please state preferred language/dialect)

Sexuality? Heterosexual/ Lesbian/Gay/Bisexual/Other (please state)

Does the victim have a disability? If yes, specify

Does the victim have recourse to public funds? Yes ☐ No ☐

Victim housing status? (e.g. sole/joint-tenant, privately rented, owner occupier)

Housing Association, Resident Social Landlord, Local Housing Office details

Victim vulnerabilities / risks (long-term health condition, substance/alcohol use, literacy, older person, under 18, criminality / exploitation)

Is the victim known to other services? (e.g. (e.g. Mental Health, Probation, Drug and Alcohol Services, Health Visitor, Midwifery Services)

Is it safe to write to the victim? Yes

☐

No

☐

Safe contact number

Safe time to contact

Is it safe to leave a message? Yes

☐

No

☐

Details of Person causing harm

First name(s) (include any aliases)

Surname(s) (include any aliases)

Date of birth

Gender (Male/Female/Transgender) Other please state

Ethnic identity

Religious beliefs

Permanent address

Temporary address

Relationship to victim?

Is the person causing harm known to MAPPA? Yes

☐

No

☐

Unknown

☐

The person causing harm vulnerabilities / risks

(mental health, physical disability, learning disability, long-term health condition, drug/alcohol use, NRPF, literacy, older person, under 18, criminality / exploitation)

Is the person causing harm known to other services?

(e.g. Mental Health, Probation, Drug and Alcohol Services, Health Visitor, Midwifery Services)

Children & unborn child details

Child's name D.O.B or EDD (Estimated Due Date)
Address
Relationship to victim Relationship to person causing harm
School

Child's name D.O.B or EDD (Estimated Due Date)
Address
Relationship to victim Relationship to person causing harm
School

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Relationship to victim Relationship to person causing harm
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Relationship to victim Relationship to person causing harm
School

Child's name D.O.B or EDD (Estimated Due Date)
Address
Relationship to victim Relationship to person causing harm
School

Other victim details

Name

D.O.B

Address

Relationship to victim

Reason for referral**i. Visible High Risk** (14 ticks or more identified on the DASH Risk Assessment)

Yes

☐

No

☐**ii. Potential escalation** (6 or more incidents in the past 12 months)

Yes

☐

No

☐**iii. Professional judgement**

(If none of the above apply, you can refer a case should you as a professional have concerns about a victim/s situation, this could be in relation to context given which raises serious concerns; extreme levels of fear, cultural barriers particularly in cases of 'Honour-Based' Abuse)

Yes

☐

No

☐**MARAC to MARAC transfer****Is this a repeat referral?**

(A repeat is the same victim, perpetrator and MARAC where a further incident has occurred in 12 months of this case last being discussed)

Yes

☐

No

☐**Repeat:** If yes please provide the dated listed / case number (if known)**Has the victim been referred to any other MARAC in a different area previously?**

(If yes, please state where & when)

Yes

☐

No

☐**Basis of referral and relevant risk factors**

Please state the date and brief details of the recent incident which led to a MARAC referral.

If referring under Professional Judgement, please highlight your concerns as to why this is high risk?

What actions would you like to see from MARAC

For person causing harm. For victim / children.

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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 return the completed MARAC referral form along with the DASH Risk Assessment.

Email: **ChildrensResourceService@southampton.gov.uk**

If you have any questions regarding MARAC, please contact on

southampton.mash.admin@hampshire.police.uk