

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 Job title

Agency/team Date of referral

Time Tel

Details of Practitioner (or other person such as friends or family) making this referral

Name of referrer Job title

Agency Address

Postcode

Tel/mobile Email

Or is this a self-referral? Yes No

Section A: Details of adults, parents or carers

Name of adult victim	
Last name	Date of birth
First names	Other names known by
Address	
Tel	Is this safe to call Yes <input type="checkbox"/> No <input type="checkbox"/>
Please insert any relevant contact information e.g. safe times to call and/ or communication needs e.g. interpreter:	
Diversity data BME <input type="checkbox"/> Disabled <input type="checkbox"/> LGBTQ <input type="checkbox"/> Gender M/F <input type="checkbox"/> Additional Care Needs <input type="checkbox"/>	
Other significant associates of the victim	
Name	Date of birth
Relationship	

Name of adult (alleged perpetrator)	
Last name	Date of birth
First names	Other names known by
Address	
Relationship to victim	

If there are no children under 18 years living in the same household move on to Section C.

Section B: Child or young person details

Child/young person details (add any additional names on separate sheet)						
Last name	First name	Age	DOB/EDD	M/F	Ethnicity	1st Language
Adress(es)					Postcode(s)	
Tel/Mobile			Email			

Child/young person principal carers						
Carer last name	Carer first name	Relationship to child	Parental responsibility?	M/F	DOB/age	Ethnicity
Carer address if different to childs					Postcode	
Tel/Mobile			Email			

Other household members or significant people in the child/young person's life (where known)						
Last name	First name	Age	DOB/EDD	M/F	Ethnicity	Relationship to child
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 <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Visible high risk (15 ticks or more on DASH risk checklist)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Potential escalation (3 or more significant incidents in last 12 months)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Is this a repeat referral to MASH in last 12 months (for the victim)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Has this gone to MARAC in last 12 months (for the victim)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Is this the repeat referral to MASH in the last 12 months (for the alleged perpetrator)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Has this gone to MARAC in the last 12 months (for the alleged perpetrator)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

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 (to include GP and school details) with any member of family						
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?					
	No	Yes	Not Known	To whom does this apply?	
Children's Social Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Child & Adolescent Mental Health Service CAMHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Special Educational Needs or Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Education Welfare Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Specialist Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Adult Services (Safeguarding Learning Disability, Other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Youth Offending Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Probation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
IDVA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Adult Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Substance Misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Specialist DA Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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

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: Consent and signature

Please note that adults, parents and/or carers should be made aware of and consent to this referral, unless making them aware 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 the adult been provided with the Guide to MASH

Yes

No

Has a child or young person given consent for this referral?

Yes

No

Signature

Is the adult aware of this referral?

Yes

No

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**

Secure email for partner agencies with GCSX accounts: **mash.secure@southampton.gcsx.gov.uk**

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

For more information please see: **www.southamptonlscb.co.uk** or call MASH

Out of hours for child safety concerns

Tel **023 8083 3444** Email **emergency.dutyteam@southampton.gov.uk**