**Safe in Salford:** Harbour Project

**Send your completed referral to:** [**cypinbox@safeinsalford.org.uk**](mailto:cypinbox@safeinsalford.org.uk)

Referral Criteria: Children and Young People ages 0-18 (up to 21 for TLC Young People Who Harm) who have experienced domestic abuse or a showing harmful behaviour.

**Please tick the box next to the service(s) that you require:**

**TDAS (Trafford Domestic Abuse Services) :**

*Our process for referral is now to assign every child/young person onto a group for support and to triage the best route of support and capture the voice of the child.*

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|  | **Early Years Support (0-5)**  Their focus is on supporting families with children aged 0-5 and pregnant people to raise non abusive parent’s awareness of the impact of domestic abuse on a child’s development. |
|  | **R’Space (5-14)**  6-week awareness and support programme on domestic abuse, feelings, family & safety planning |
|  | **1-2-1 (5-11)**  Child led trauma informed support on domestic abuse and safety planning, held in schools & community venues |
|  | **1-2-1 12+ (12-21)**  Practical (safety planning, risk assessing) and emotional support for young people who at risk of domestic abuse (standard to high risk), held in schools & community venues |
|  | **Children and Family Support (5-11)**  Support around parenting (routine, boundaries, and attachment) and repairing the bonds between the non-abusive parent and their family post abuse. Support given to non-abusive parent and child |

**TLC; Talk Listen Change Services:**

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|  | **Counselling (5-18)**  TLC’s children and young people’s counselling services are available between ages 5-18 years with mild to moderate emotional, behavioural or mental health difficulties. |
|  | **Young Person Who Harms (10-21)**  121 support for young people who are displaying harmful behaviours towards their siblings or intimate partners (including ex-partners and/or potential partners) |
|  | **Respect Young People’s programme (10-21)**  A mixture of 1-to-1 and group sessions for young people using harmful behaviours to their parents/carers. The programme is accredited by Respect. The programme is centred on building healthy, happy relationships build on respect, trust and communication. |

**To help speed up the support offered to the young person, please complete ALL sections. This document is a PDF, right click to add text in the appropriate box. When complete, please send to** [**CYPinbox@safeinsalford.org.uk**](mailto:CYPinbox@safeinsalford.org.uk)

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| **Referred By:** | |  | | | | | | | **Referral**  **Date:** | |  | |
| **Agency:** | |  | | | | | | |
| **Referrer Email:** | |  | | | | | | | | | | |
| **Referrer Contact Number:** | |
| **Name of Child/Young Person:** | |  | | | | | | **CYP DOB:** | | | |  |
| **Child/Young Persons Ethnicity:** | |  | | | | | | **Child/Young Persons First Language:** | | | |  |
| **Child/Young Persons Learning & Access needs: \***include more info if yes | |  | | | | | | | | | | |
| **Child/Young Person current address:** | |  | | | | | |
| **Child/Young Person’s contact number (13+):**  Has CYP Consented for us to contact them | | **Number:**  **(Y/N)** | | | | | |
| **Safe to contact?** (call, text, leave a message – state which) | |  | | | | | |
| **Children Services involvement?** | | Y/N | | | **Level of involvement:** | | |  | | | | |
| **Social worker details:** | | |  | | | | |
| ***CONSENT:*** Please note that the service user must consent to all statements below for us to process the referral | | | | | | | | | | | | |
| Has the young person consented to a referral into Safe in Salford? | | |  | | | | | | | | | |
| Has the young person agreed that Safe in Salford can contact them directly? (13+) | | |  | | | | | | | | | |
| Has the young person agreed that you can share their information with Safe in Salford? | | |  | | | | | | | | | |
| **Parent (s) Name** |  | | | | | | **Non abusive/protective Parent Name and Contact number:** | | |  | | |
| **Safe to contact?** (call, text, leave a message – state which) |  | | | | | | **Has Parent Consented for us to contact them Y/N** | | |  | | |
| **Child’s school/college:** |  | | | | | | | | | | | |
| **Perpetrators relationship to child/young person:**  **\****please include if the CYP is still in contact with the perpetrator**and how often this is.* | | | |  | | | | | | | | |
| **Other agencies involved:** | | | | | | | | | | | | |
| Name & agency | | | | | | Contact | | | | | | |
|  | | | | | |  | | | | | | |
| **Reasons for referral:** | | | | | | | | | | | | |
| **Please provide BRIEF overview of why you are referring into our service** *(date of last incident, type of domestic abuse experienced and its impact) –* ***COMPLETE THE DASH BELOW IF THERE ARE SERIOUS CONCERNS and YP is aged 13+*** | | | | | | | | | | | | |
| **Voice of the child – what does the child want from Harbour?** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

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**PLEASE COMPLETE THE DASH BELOW FOR ANY YOUNG PERSON AGED 13+ WHERE YOU HAVE RECEIVED A DISCLOSURE OF DA AND YOU HAVE SERIOUS CONCERNS ABOUT THEIR SAFETY**

SafeLives Risk Identification Checklist for the identification of risks in cases of domestic abuse, ‘honour’- based violence and/or stalking

Young People’s Version

**This form is suitable for use with young people aged between 13 and 17[[1]](#footnote-1).**

This Young People’s Checklist is split into questions that require yes/no responses, 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.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Your feelings** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim** (eg police officer) |
| 1. **Are you frightened?**   Comment: | ☐ | ☐ | ☐ |  |
| 1. **What are you afraid of? Is it further violence?**   Comment: | ☐ | ☐ | ☐ |  |
| 1. **Are you feeling low or finding your emotions hard to cope with?**   **Are you having suicidal thoughts?** | ☐ | ☐ | ☐ |  |
| **Consideration as part of your professional judgement** | | | | |
| * Does the young person recognise what a dangerous situation might be and their own 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 if they were to be hurt again?   Comment: | | | | |
| **What is happening to you now** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim** (eg police officer) |
| 1. **Has the current incident resulted in injury?**   **Please state what and whether this is the first injury:** | ☐ | ☐ | ☐ |  |
| 1. **Does [INSERT NAME OF INDIVIDUAL WHO IS HARMING THE YOUNG PERSON] constantly text, contact, follow, stalk or harass you, either in person, online or by phone?** | ☐ | ☐ | ☐ |  |
| 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?** | ☐ | ☐ | ☐ |  |
| 1. **Is the abuse happening more often?** | ☐ | ☐ | ☐ |  |
| 1. **Is the abuse getting worse?** | ☐ | ☐ | ☐ |  |
| **Consideration as part of your professional judgement** | | | | |
| * How old is the young person? Where are they within 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** |
| 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?** | ☐ | ☐ | ☐ |  |
| 1. **Are there any financial issues?**   For example, is […] experiencing difficulties with money (debts or loans) or are you dependent on […] for money or do they take money from you? | ☐ | ☐ | ☐ |  |
| **Consideration as part of your professional judgement** | | | | |
| * Is this the first relationship the young person has been in? How is this impacting on 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 from care, being missing from home, being in 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, ‘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 the victim** (eg police officer) |
| 1. **Have you broken up with or tried to break up with the person who is hurting you?** | ☐ | ☐ | ☐ |  |
| 1. **If you have children, is there conflict between you and the person who is hurting you over seeing the children?** | ☐ | ☐ | ☐ |  |
| 1. **Has […] ever used weapons or objects (such as a phone or household item) to hurt you?** | ☐ | ☐ | ☐ |  |
| 1. **Has […] ever threatened to kill you or someone else?**   If yes, tick who:  You ☐  Children ☐  A member of your family ☐  Other (please specify) ☐ | ☐ | ☐ | ☐ |  |
| 1. **Has […] ever attempted to strangle/choke/suffocate/drown you?** | ☐ | ☐ | ☐ |  |
| 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.** | ☐ | ☐ | ☐ |  |
| **Things that might have happened to you in the past** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim** (eg police officer) |
| 1. **Is there any other person who has threatened you or who you are afraid of?** | ☐ | ☐ | ☐ |  |
| 1. **Do you know if […] has hurt anyone else?**   If yes, tick who:  Children ☐  Another family member ☐  Someone from a previous relationship ☐  Other (please specify) ☐ | ☐ | ☐ | ☐ |  |
| 1. **Has […] ever mistreated an animal or their family pet?** | ☐ | ☐ | ☐ |  |
| **The person who harms you** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim** (eg police officer) |
| 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?**   If yes, please specify which and give relevant details if known.  Drugs ☐  Alcohol ☐  Mental health ☐ | ☐ | ☐ | ☐ |  |
| 1. **Has […] ever threatened or attempted suicide?** | ☐ | ☐ | ☐ |  |
| 1. **Has […] ever breached their bail conditions or not followed an order by the police or a judge in court?**   Bail conditions ☐  Child contact arrangements ☐  Forced Marriage Protection Order ☐  Other | ☐ | ☐ | ☐ |  |
| 1. **Do you know if […] has ever been in trouble with the police or has a criminal history?**   If yes, please specify:  Domestic abuse ☐  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:** | | | | |
| **Total ‘yes’ responses** |  | | | |

**For consideration by professional**

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| --- | --- |
| **What additional concerns do you have, based on your professional judgement/escalation? Comment** |  |
| **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** |  |

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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:  **Signed: Date:** | | | Yes ☐  No ☐ | |
| **Signed** |  | | **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** |  |
|  | | | | |
| **Signed** |  | | **Date** |  |
| **Name** |  | | | |

1. The transitional stage of adolescence can vary between young people, therefore this form may be suitable for use with young people up to the age of 25. [↑](#footnote-ref-1)