**Safe in Salford: Harbour Project**

**Send your completed referral to:** **cypinbox@safeinsalford.org.uk**





**SIS Harbour** is facilitated by two services to provide a combination of interventions designed to support children in relation to domestic abuse:

**TDAS**: Trafford Domestic Abuse Services is our victim/ survivor organisation who provide support for children and young people who have witnessed or experienced domestic abuse

**TLC**: Talk, Listen, Change provide support to children and young people who are showing signs of unhealthy or harmful behaviours in their own relationships, by offering a safe place to explore and support them with this without judgement.

**Next steps:**

Below, you will find a description of the interventions offered from each organisation. Please select the **organisation** from which you wish to receive support. We will then triage and determine the most appropriate intervention.

We encourage referrers to explore the presenting needs of the child/young person and provide details of these within your referral to help us to determine the most suitable type of support.

All referrals are reviewed to ensure we are best placed to support your needs.

Each service will contact referrers, parent/carers and children/young people following triage to inform you of the outcome, or to assess if we are best placed to accept the referral and to coordinate support.

**This is an updated referral form, please read through before completing.**



**Victim/Survivor Service for children & young people who have been impacted by Domestic Abuse.**

Our process is to initially assign every primary aged child/young person to a group for support. Additional 121 support can then be discussed following the group. If you feel this is not appropriate, please state within the referral.

**Please select this box if you wish to receive support from TDAS:**

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| **RSpace** *(5-11 years)*6-week group programme supporting children who have been affected by domestic abuse. The sessions are interactive, using games, activities and age appropriate discussions to explore the following topics:* Understanding domestic abuse, or “hurting” and work around healthy relationships.
* Exploring feelings & emotions
* Families
* Managing worries
* Coping Strategies
* Safety planning

Please note, our workers are trained in supporting children who have experienced trauma, and children would not be asked or pressured to disclose their own experiences. |
| **121** *(5-18years, or up to 21years with additional needs)*Child led trauma informed support around domestic abuse. We build a support plan alongside the child to explore topics which will best meet their practical and emotional needs. This includes exploring safety planning, confidence and self-esteem, healthy relationships, emotions, worries, anger, and coping strategies. We initially offer 6-8 one-to-one sessions but can be flexible according to the child’s/young persons wishes and needs.  |

 **Family Support**

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| **Early Years** *(0-5years)*Support for families and young children, and pregnant people. The support primarily focuses on the non-abusive parent/carer to raise their awareness around the impact of domestic abuse on child’s development. |
| **Children and Family***(5-11 years)*Support around parenting (routine, boundaries and attachment) and repairing bonds between non-abusive parent and children following abuse. Mixture of 121 sessions for the child/ren, 121 sessions for parent/carer, and joint family sessions. |

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**Children and Young People’s Service for young people using harmful behaviours.**

**Please select this box if you wish to receive support from TLC:**

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| **Encouraging Healthy Relationships 1-to-1***(10-21years)*1-to-1 support for young people who are displaying harmful behaviours towards their siblings or intimate partners (including ex-partners and/or potential partners). Programme covers key topics around behaviour, healthy and unhealthy relationships, understanding and processing emotions, de-escalation techniques. Up to 12 sessions delivered online or in-person.   |
| **Respect Young Programme** Accredited by Respect*(10-21years)* A whole family approach to tackling CAPVA (child and adolescent to parent/carer violence and abuse). This programme includes a mixture of 1-to-1 sessions with young people and parents/carers, whole family sessions, and online parent/carer group sessions. Programme is aimed at young people displaying harmful behaviours towards their parents/carers. The programme is developed by Respect and centres on building healthy, happy relationships focusing on respect, trust and communication. Up to 20 sessions delivered via a mixture of in-person and online sessions. Both parents/carers and young people need to engage.   |
| **Counselling\****(5-18years)**\*In order to receive this counselling offer through TLC, we will only accept internal referrals where the CYP has been assessed under the other service offers.*Our BACP counsellors can offer a range of counselling and emotional wellbeing modalities (e.g. person centred, CBT, creative, solution-focussed, trauma informed) to children and young people impacted by the distress of domestic abuse. This may look like anxiety, low mood, trauma-related distress, emotional dysregulation, and/or struggles with relationships and confidence. |

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| **About this referral** |
| Date of referral:  |  |
| Referrers details Name, job title, email, and phone number: |  |
| Has the parent/carer consented to this referral?:  |  |
| Has the child/young person consented to for this referral?: |  |

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| **Other professionals currently involved with the child/young person, please add as appropriate**  |
| Agency  | Contact  |
| *School* |  |
| *Social worker*  |  |
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| **Please detail any previous support the child/young person has received:** |
| Agency & Contact | Brief overview of support received: |
| *e.g. CAMHs* |  |
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| **Who are you referring to us?**  |
| Child/Young Person’s name:  |  | Child/Young Person’s DOB: |  |
| Address:  |  |
| Gender: |  | Ethnicity:  |  |
| First language:  |  | Religion:  |  |
| Safe parent/carer name and contact number: |  | Young Person’s contact number (if 13 years +)  |  |
| Alleged perpetrator name and relationship to the child/young person | *Please state current circumstances and whether there is ongoing contact* |
| **About the child/young person you are referring to us**  |
| Disability (whether diagnosed or suspected) and any adaptions required: | *eg ADHD – requires bigger tasks to be broken down*  |
| Does the child/young person present any risk to themselves/others?:  | *eg weapons, drug use, self harm, suicidal ideation*  |
| How does the child/young person feel they learn?:  | *eg prefers to read information, prefers to watch videos*  |

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| **Reasons for the referral** |
| From our interventions, please explain how you feel we are best placed to meet the child/young person’s needs, including their experiences of domestic abuse. Please include current and/or historical:  |
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| Voice of the child – what does the child/young person want from Harbour?: |
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| Is there anything else we need to be aware of?  |
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**Please complete the below DASH for any young person aged 13+ who discloses domestic abuse in their own relationship.**

**For more information and guidance around completing a DASH please visit - https://safelives.org.uk/resources-library/dash-risk-checklist-young-people/**

The Young People’s DASH 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.

Should a child or young person be in immediate harm or danger please call 999.

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| **1.Are you frightened?** *Comment:* | **Yes**  | **No** | **Don’t know** |
| **2.What are you afraid of? Is it further violence?** *Comment:* |  |  |  |
| **3.Are you feeling low or finding your emotions hard to cope with? Are you having suicidal thoughts?** *Comment:* |  |  |  |
| **4.Has the current incident resulted in injury? Please state what and whether this is first injury***Comment:* |  |  |  |
| **5.Does (name of individual harming young person) constantly text, contact, follow, stalk or harass you, either in person, online or by phone?** *Comment:* |  |  |  |
| **6. Does (name of individual harming young person) try to control everything you do?** **Do they get jealous about anything you do?***Comment:* |  |  |  |
| **7. Is the abuse happening more often?***Comment:* |  |  |  |
| **8. Is the abuse getting worse?** *Comment:* |  |  |  |
| **9. Do you see your family/friends as much as you would like? Does (name of individual harming young person) stop you from seeing friends/family or professionals?***Comment:* |  |  |  |
| **10. Are you pregnant or do you have a baby?***Comment:* |  |  |  |
| **11. Are there any financial issues?***Comment:* |  |  |  |
| **12. Have you broken up with or tried to break with the person who is hurting you?***Comment:* |  |  |  |
| **13. If you have children, is there conflict between you and the person who is hurting you over seeing the children?** *Comment:* |  |  |  |
| **14. Has (name of individual harming young person) ever used weapons or objects (such as a phone or household item) to hurt you?***Comment:* |  |  |  |
| **15. Has (name of individual harming young person) ever threatened to kill you or someone else?***Comment:* |  |  |  |
| **16. Has (name of individual harming young person) ever threatened to strangle/choke/suffocate/drown you?***Comment:* |  |  |  |
| **17. Does (name of individual harming young person) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else?** *Comment:* |  |  |  |
| **18. Is there any other person who has threatened you or who you are afraid of?***Comment:* |  |  |  |
| **19. Do you know if (name of individual harming young person) has hurt anyone else? Eg children, another family member, someone from a previous relationship***Comment:* |  |  |  |
| **20. Has (name of individual harming young person) ever mistreated an animal or family pet?***Comment:* |  |  |  |
| **21. Has (name of individual harming young person) had problems in the past year with drugs, alcohol or mental health leading to problem in leading a normal life?***Comment:* |  |  |  |
| **22. Has (name of individual harming young person) ever threatened or attempted suicide?***Comment:* |  |  |  |
| **23. Has (name of individual harming young person) ever breached their bail conditions or not followed an order by the police or a judge in court?** *Comment:* |  |  |  |
| **24. Do you know if (name of individual harming young person) has ever been in trouble with the police or has a criminal history?** *Comment:* |  |  |  |
| **Total ‘yes’**  |  |

**For consideration by professional:**

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| What additional concerns do you have based on your professional judgment/escalation?  |  |
| Is the young person willing to engage with your service? |  |
| Consider the person causing harms occupation/interests -Could this five them unique access to weapons-How involved is your client in relation to any illegal weaon and how might this affect their safety and help seeking? |  |
| What are the young persons greatest priorities to address their safety? |  |

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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 |
| If the young person is over 16, do you believe there are reasonable grounds for referring this case to MARAC  | Yes No |
| If yes have you made a referral?Signed – Date -  | YesNo |