Safe in Salford: Harbour Project

Referral Criteria: Children and Young People age 5-18 who have experienced domestic abuse or a showing harmful behaviour

**Completed referral forms can be sent to** referrals@safeinsalford.org.uk

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| **Please tick which Harbour Salford service you are referring to** (please ensure you have read the services information booklet to choose the most appropriate service): |
| **RSPACE** **group**  |  | **1-2-1 support**  |  | **Counselling**  |  | **Children & Family Support** |  | **Young Person who harms support** |  |

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| **Referred By:** |  | **Referral****Date:** |  |
| **Agency:** |  |
| **Referrer Email:****Referrer Contact Number:** |  |
| **Name of Child/Young Person** |  | **DOB:** |  |
| **Current address:** |  |  **Postcode:** |  |
| **Children Services involvement?** | Y/N  | **Level of involvement:** |  |
| **Social worker details:** |   |
| **Has the child/Young person & parent consented to this referral?**  |  |
| **I understand that information about me will be held confidentially unless I give my permission for it to be shared with others:****Child’s first language** **Child’s religion**  | **Y/N** |
| **Ethnicity:** |  | **DOB:** |  |
| **Sexuality :** |  | **Gender:** |  |
| **Religion:** |  | **First Language:** |  |
| **Parent’s Name’s:** |  | **Contact name & number** (parent &young Person’s number can be provided): |  |
| **Child’s school/college:** |  | **Safe to contact?** (call, text, leave a message) |  |
| **Does the child/young person have contact with the perpetrator?** | (please specify in what capacity the contact occurs i.e. living in the same home, supervised contact, no contact, in a relationship with) |
| **Perpetrators relationship to child/young person:** |  |
| **PLEASE TICK** |
| Issues regarding homelessness |  | BAME needs e.g. language/ dishonour based abuse/FGM  |  | Learning disability |  | Substance misuse - alcohol |  |
| Living with the perpetrator |  | Children: contact /CSS involvement |  | Physical ill-health |  | Substance misuse - drugs |  |
| Risk from perpetrator/ other people |  | Pregnant |  | Mental health needs |  | Self-harm / attempted suicide  |  |
| LGBT needs  |  | Child offence/ conviction  |  | History of violence / arson |  | Gang involvement |  |
| Housing/Resettlement needs? |  |
| Anything else? |  |
| **Other agencies involved:**  |
| Name & agency | Contact |
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| **Reasons for referral:**  |
| Has the child been exposed to DA? (witnessed, overheard, present in the house when DA has occurred) | **YES** |  | **NO** |  |
| Is the young person in their own abusive relationship? | **YES** |  | **NO** |  |
| Has the young person had any involvement with criminal justice system? (If yes please provide details in the box below) | **YES** |  | **NO** |  |
| **Please provide details of History of DA and Involvement with the family:**  |
| (please provide as much information about the child’s experience of domestic abuse as possible: Stalking and harassment, severity of domestic abuse incidents, recent incidents, child’s exposure to DA) |
| **How has the child or young person been affected by the DA they have been exposed to? (please detail any substance misuse, mental health or self-harm)** |
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| **Please specify what support you would like for the child or young person you are referring:**  |
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