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](mailto: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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