**Trafford TDAS CYP Service**

Completed forms can be returned via email to [samantha.hallam@tdas.org.uk](mailto:samantha.hallam@tdas.org.uk)

One to One support

This service is offered to any child or young person (CYP) aged 5-18 who are living with or have experienced domestic abuse, who live or go to school in the Trafford area. The CYP can access up to 8 sessions with a Children and Young Person’s Support Worker face to face or virtually. Sessions are delivered in schools or community settings.

R’Space

This is a 6-week programme for children aged 5-14 who are living with or have experienced domestic abuse who live or go to school in the Trafford area. Groups are delivered in community settings across Trafford in 3 age groups 5-7, 8-11 and 12-14. The programme consists of 1.5hr sessions, ran weekly by one of our Children and Young Person’s Support Worker’s. Each session is based on a particular topic around the effects of domestic abuse on CYP. We use a range of group and individual activities to explore the topics and adapt the sessions with age appropriate content for every age group.

YPDAA

Our specialist team of Young Person’s Domestic Abuse Advisors provide CYP aged 14-25 in the Trafford area with practical and emotional support, who are at increased risk of domestic abuse. **Please complete the SafeLives RIC at the end of this form when referring into this service.**

\*Please note: As a victim’s service, it is our policy to not contact any alleged perpetrators. If both parents are identified as alleged perpetrators, please provide a third-party contact information in the box given. This can be a social worker or school support. Please ensure the nominated third-party is aware of the referral.

**All referrals must be sent password protected.**

**Please only refer one child per form**

**PLEASE ENSURE CONSENT IS GAINED BY PARENT/CARER & YOUNG PERSON TO MAKE THIS REFERRAL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referred By:** | | | |  | | | | **Date Referred** | | | | |  | | |
| **Role:** | | | |  | | | |
| **Referral contact:** | | | |  | | | | | | | | | | | |
| **Children Services involvement?** | | | | Y/N | **Level of CSC involvement:** | | | | | | | |  | | |
| **Social worker details:** | | | | | | | |  | | |
| **Has the parent consented to this referral?** | | | |  | | | | | | | | | | | |
| **Has the child/young person consented to this referral? (if over 14)** | | | |  | | | | | | | | | | | |
| **I understand that information about me will be held confidentially unless I give my permission for it to be shared with others.** | | | |  | | | | | | | | | | | |
| **Please tick(x) which service you are referring to:** | | | | | | | | | | | | | | | |
| **RSPACE Group**  **(5-14)** | |  | **1-2-1 Support**  **(5-18)** | | |  | | **YPDAA**  **(14-25)** | | | | |  | | |
| **Name of Child/Young Person**  **(1 CYP per form)** | |  | | | | | **Date of Birth:** | | | | | |  | | |
| **Age:** | | | | | |  | | |
| **SEXUALITY** | |  | | | | | **GENDER** | | | | | |  | | |
| **Current address** | |  | | | | | **Postcode** | | | | | |  | | |
| **Parent’s details** | |  | | | | | **Third party contact (Young Person’s number can be provided if 14+):** | | | | | |  | | |
| **Safe to contact parent?**  **(Call, Text, Email, leave a Voice Message)** | | YES / NO  Please state preferred contact method: | | | | |
| **Child’s school** | |  | | | | | | | | | | | | | |
| **Does the child/young person have contact with the perpetrator?** | | | | |  | | | | | | | | | | |
| **Perpetrators relationship to child/young person:** | | | | |  | | | | | | | | | | |
| **Ethnicity** | | |  | | | | | | | | | | | | |
| **Child’s first language** | | |  | | | | | | | | | | | | |
| **Child’s religion** | | |  | | | | | | | | | | | | |
| **PLEASE TICK(X) ALL THAT APPLY:** | | | | | | | | | | | | | | | |
| Mental health needs |  | BAME needs e.g. language/ dishonour based abuse/FGM | | |  | Learning disability | | |  | | Substance misuse – alcohol | | | |  | |
| Pregnant |  | Self-harm / attempted suicide | | |  | Physical ill-health | | |  | | | Substance misuse – drugs | |  | | |
| Risk from perpetrator/ other people |  | LGBT needs | | |  | Gang involvement | | |  | | | Anything else? | |  | | |
| Please provide details: |  | | | | | | | | | | | | | | |
| **Other agencies involved:** | | | | | | | | | | | | | | | |
| Name & agency | | | | | | Contact | | | | | | | | | |
|  | | | | | |  | | | | | | | | | |
|  | | | | | |  | | | | | | | | | |
|  | | | | | |  | | | | | | | | | |
| **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** | | | | | |
| **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)** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Please specify what support you would like for the child or young person you are referring:** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |

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

**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**

|  |  |
| --- | --- |
| **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** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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)