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**Referral Guidance**

**My Sister’s Place Children and Young People Service**

**Version 1.2 March 2021**

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These document gives information about My Sisters Place and an overview of the services we provide for children and young people. It acts as a guide to help you complete Children and Young Peoples referral form.

1. **About My Sisters Place**

My Sisters Place are a one stop shop for women, children and young people who have experienced or are experiencing domestic abuse.We also provide services for perpetrators of domestic abuse to change behaviors through Route2**.**

We are trusted local providers; we have a firm foothold in communities across Middlesbrough and we are recognised providers of an evidenced based therapeutic intervention TIME model. We have a track record of providing information, advice and direct support to families experiencing domestic abuse ensuring a co-ordinated approach for families.

Delivering a whole family prevention and therapeutic intervention is the next stage in our development. Our aims are:

* To provide a service that gives children and young people who have lived/ or are living with domestic abuse opportunities to share their feelings in an environment which is safe.
* To work directly with parents to reduce the impact of domestic abuse on parenting capacity, helping them to understand and address the impact on the child’s feelings and behaviour.
* To improve the safety and wellbeing of children, young people and families by reducing the incidents of domestic abuse for those that access the service.
* To improve emotional resilience - by improving self-care and coping strategies, strengthening relationships and encouraging social engagement.
* To reduce risk & risk-taking behaviours – we will work in partnership with other professionals to provide wrap around services that maximise safety and reduce risk and risk-taking behaviours.
* To reduce the symptoms of trauma - including PTSD, depression and anxiety.
* To prevent domestic abuse from occurring through a schools-based education programme.
* To work in partnership with children and young people and their families, carers and other professionals to develop and improve our services.
* To support social care with pre- court proceedings process and provide information and assessments where required.

1. **Criteria for our Children and Young Peoples Services**

We offer a range of services for children and young people who have lived with domestic violence and abuse and who are:

* 4 -18 years’ old
* Resident or at school in Middlesbrough
* Showing signs of the impact of their experiences.

Domestic abuse and family violence can lead to a range of traumatic experiences that happen with the context of family and intimate relationships resulting in entrapping traumatisation in both childhood and adulthood that produce continuous feelings of fear, powerlessness, helplessness and loss of control.

Complex experiences of trauma can result in post-traumatic stress caused by feelings of being unable to escape from the abuser or the abusive situation (entrapping traumatisation), consistent violation of boundaries, feelings of betrayal, rejection, confusion, shock, denial and bewilderment can leave children and young people feeling disempowered and feeling they have no control.

Research shows that the impacts of trauma and continued exposure to trauma can affect; brain development, relational attachments, emotional regulation and behaviour as well as cognitive and physical development resulting in a combination of symptoms and responses which can present, but exclusively as :

* anxiety and depression.
* difficulty in sleeping including nightmares, flashbacks, bedwetting.
* hypervigilance and being easily startled.
* temper tantrums.
* behaving much younger than they are.
* problems at school including truancy.
* becoming aggressive or withdrawn.
* feelings of low self-worth.
* use of alcohol and/or drugs.
* self-harm including suicidal thoughts and attempting suicide.
* disordered eating.
* feeling angry, guilty, alone, frightened, powerless or confused.

1. **Our Children and Young People’s offer in Middlesbrough**

Our services for children and young people in Middlesbrough are outlined below. Delivering a whole family prevention and therapeutic intervention is core to our approach. Whenever we work with children and young people we offer a range of therapeutic and support services to parents and carers. This can be emotional and practical support or access to our therapeutic support and counselling sessions. We will discuss this as part of any referral.

**3.1 Our Therapeutic Service**

We provide **trauma informed confidential therapy** for children and young people between the ages of 4 – 18 who have been significantly impacted by their traumatic experiences of domestic abuse. Recovery from trauma is vital for children and young people to support their mental, behavioural, emotional, physical, and spiritual well-being.  ME TIME provides healing spaces for children and young people to learn more about what they are experiencing, to find their voice, to express and understand their feelings and develop healthier ways of coping.  ME TIME makes sure that each child and young person’s therapy is individual to them to support their recovery.  It is vital to have good therapeutic resources to deliver effective integrative interventions such as the use of sand tray, play therapy, creative interactions through arts, crafts, books and group work.

Therapy is provided by highly skilled, trained and supervised staff and trainee therapists. Our therapist are qualified and in training child psychotherapists, play and creative arts therapists with specific insight in trauma and the impacts of domestic abuse on children and young people.

To help children and young people thrive and succeed ME TIME works closely and collaboratively with referring organisations and practitioners to ensure that assessment of therapeutic needs are informed by all those involved in the child or young person’s care.

Good assessment processes provide opportunity to meaningfully engage and collaborate with families and providers to understand and screen for trauma experiences. This helps inform the therapeutic work that will most effectively support children and young people in their recovery and ensure that therapeutic goals identified are unique to every child’s situation with all therapeutic sessions held locally in safe and child-friendly venues.

**3.2 Our Support Service in Schools**

Some children and young people may not be ready to access therapy or may not be able to. For them our support service in schools may be a more appropriate option. Our sessions give young people a space where they can begin to explore and articulate their experiences. They may be individual or group sessions. We have a flexible approach when we work with children and young people around their experiences of domestic abuse. We ensure that young people are listened to and their individual needs are respected and understood and we respond to their individual needs. We understand that this helps them to feel safe. We work creatively to offer them choice.

Some young people have **their own direct experiences of relationship abuse with a partner**. Our **CYP IDVA** can work with them and provide appropriate practical, emotional and therapeutic support.

Our Support Workers are experienced in working with children and young people at their own pace and together they will agree what they want to talk about.

All of the sessions will be held in locally in safe and child-friendly venues.

* 1. **Our Group sessions**

Unfortunately Government restrictions due to Covid 19 mean that we cannot offer our group sessions at the moment. We will continue to monitor this and update this guidance in line with any changes.

When groups commence we will offer a range of educational, preventative and therapeutic sessions to children and young people. They will include;

* + 1. Engaging, preventative group sessions in schools and youth settings to educate and support children and young people to have happy, healthy relationships for life. The groups will encourage peer support and equip teachers and other professionals to support their students.
    2. A programme to respond to high levels of abuse within teenage relationships and the recognition that young women need something more than just ‘what is a healthy relationship’. By bringing girls together within a group work setting we can create a safe and powerful environment to talk about relationships, abuse and gender inequality.
    3. A therapeutic programme for children and young people who have witnessed domestic abuse. We use a range of methodology which includes creativity, games and child led play. This helps children and young people to learn together about safety, support and healthy relationships. The sessions will also enable them to become more aware of their unique qualities and strengths and develop a greater understanding of their feelings and behaviours.

We welcome contact from schools or youth settings to discuss current provision.

**3.4 Our short term safety planning –CYP IDVA**

We offer short term safety planning and emotional support to children and young people aged 15 to 24 who require immediate support in response to crisis:

* Short term support for young people who are not eligible for counselling, but who may need practical and emotional help to deal with current crisis situations;
* Safety planning and risk assessment where a young person resides with a perpetrator or has regular contact with a perpetrator, including within their own relationships
* Advocacy – for example at meetings or appointments in school or court

1. **Our Referral Checklist**

This checklist is to enable you to ensure you have completed all sections of our referral form and help you understand why we need the information.

1. **About the child/young person**

Basic details about the child including their **current address**. It could be the parental home, their foster home or their address with other family members.

1. **About the parent/carer**

Please provide information about who is caring for the child, what their relationship is to the child and their contact details. If this person is not the child’s parent, please provide information about the child’s parents/s as well.

1. **About the referrer (If not a self-referral)**

Please include your contact details as well as information about your current involvement with the family.

1. **Other agency involvement**

Please give as much information as you have about any involvement with Children’s Services and other agencies. Please let us know if there is a case coordinator such as a lead professional. This will speed up the referral process as we can contact key partners quickly for information to assess the referral and help us work together in partnership to support the family most effectively.

1. **About the perpetrator of the abuse**

Safety and safeguarding are a priority. My Sisters Place may not accept referrals for therapeutic services for children who are not considered to be living in a safe supportive environment.A member of staff from My Sisters Place will contact you to discuss your referral and to work through the safety of the family and the most appropriate service for a family.

Please include the name of the perpetrator/s and the area which they live (if possible). This is about assessing risk to the child when accessing support with My Sisters Place. It also helps identify confidentiality issues if we are working with other children who are connected to the same perpetrator.

Ensuring that the safety and well-being of the children we work with is our utmost priority. When children and young people access therapy it is important that they are living in a safe, stable environment. They also need to be supported at home when accessing our service by a non-abusive parent or carer when accessing their therapeutic support. Unfortunately, we cannot accept a referral where the resident carer is unable to support the child accessing the service, or whose own mental health will negatively impact a child’s recovery process. We can work with that parent carer and support them towards safety and stabilisation and then reconsider the referral for CYP therapy when this is achieved.

We will provide therapeutic support to children and young people who are having contact with the perpetrator but only if that contact is assessed as safe both emotionally and physically.

1. **About the reason for the referral**

We need to know about the child or young person’s experience of domestic abuse, what their response was to it and details of concerns around their current well-being and behaviour. This enables us to make a holistic and safer assessment of the child’s situation and their appropriateness for therapy at this point.

My Sisters Place cannot process a referral for support if this has not been discussed in an age appropriate way, with the child and they have given consent for the referral. There is no pressure on children to continue the process, the first step for them will be to come for a visit and they can then decide if they would like to continue.

*We do not take referrals:*

* *For school based problems without emotional health or family based issues;*
* *Where the child has not been seen or consulted and given their consent;*
* *Where the child or young person is accessing counselling or therapy via another service*
* *Where the resident carer is unable to support the child accessing therapeutic support*
* *When there is ongoing contact with the perpetrator as described in*

*section* ***e.***

1. **About My Sisters Place services**

Please indicate whether you feel school based service /or trauma informed confidential therapy may be most for the child or young person and why you think this. If you are unsure we will discuss this when we receive the referral.

1. **About parental responsibility**

We ask for this information to inform the child’s care plan. We work to the Department of Education guidelines on parental responsibility - as such, we accept consent for children and young people’s services from the resident parent/carer. However, in some instances we may be asked to share information about the child’s support with someone else who has parental responsibility for the child.

We will only share information with named parents/carers recorded on our system. We will not share information with any parent where this has not been previously arranged without informing and consulting the resident parent/carer first.

However, family law states that “a person with parental responsibility can make decisions about the child’s upbringing and is entitled to information about their child. For example, they can give consent to the child’s medical treatment and make decisions about the child’s education. They also have the right to receive information about their child’s health and education.”

This means that, if we are contacted by a non-resident parent/carer and parental responsibility can be evidenced, we may then be required by law to share information with them about the child’s support. You may wish to consider in advance of submitting your referral - would the other parent expect to be kept informed? Would this present with difficult situations for you to manage if the non-resident parent becomes aware of our support through a third party? Are there any risks involved? How is this discussed with the child?

It is important, where there is shared parental responsibility, that children are able to be open and transparent about their engagement with ME TIME CYPS Service and we are happy to offer advice to parents on how enable a supportive parental approach whilst their child or young person engages in therapy.

1. **About parent/carer/child consent**

My Sisters Place cannot process the referral for a child if the parent/carer has not read and signed the consent for the referral. If this is not signed, we will return the form to the referrer to gain parental consent. Electronic signature is acceptable. Please ensure that the parent/carer is aware that we may seek to speak to other agencies about the referral if more information is required.

**Child consent**

We are able to accept self-referrals from young people aged 13 and over under the Gillick competence, where we will consider:

* The child's age, maturity and mental capacity;
* Their understanding of the services we offer and what they involve - including advantages, disadvantages and potential long-term impact;
* Their understanding of the risks, implications and consequences that may arise from their decision;
* How well they understand any advice or information they have been given;
* Their understanding of any alternative options, if available;
* Their ability to explain a rationale around their reasoning and decision making.

If we are confident of the young person’s understanding of the above, they may be able to access support without their parent’s knowledge. However, we prefer to have parental consent and will always maximize the involvement of parents/carers as much as possible, if it is in the best interests of the young person.

More information about this can be found at the following link:

<https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines#heading-top>

***Annex One*** **Referral Criteria Flowchart for 1 to 1 Therapy and Support**

We do not take referrals for apparent mild or transient concerns, or for school based problems without emotional health or family based issues

The child must be 4 to 18 years old and resident in Middlesbrough **or** attending school in Middlesbrough

The child must be living in a safe, stable environment where they can be supported by a non abusive parent/carer

We will provide therapeutic support to children and young people who are having contact with the perpetrator but only if that contact is assessed as safe both emotionally and physically.

The child must have lived with domestic violence or abuse and be showing signs of the impact of their experience

The child must be seen or consulted and have given their consent in an age appropriate way

You must have considered whether the child needs emotional and practical support or therapeutic support and therapy sessions

This will be discussed as part of the referral if you are unsure.

The referral must be completed fully in line with our guidance and the parent/carer must have read and signed the consent section

We are able to accept self-referrals from young people aged 13 and over under the Gillick competence but prefer to have parent/carer consent wherever possible

My Sisters Place will feed back on the referral outcome within 14 working days

Therapy will be offered as short, medium or longer term with ongoing reviews to ensure that therapy adapts and meets CYPS needs at all stages of recovery.

Both services have start and end meetings with parent/carer to outline expectations and outcomes. For children receiving therapy there will also be a progress meeting at session 4.

At closure MSP will feedback progress and outcomes to the key professionals (whilst respecting the confidentiality of the child)

Referral Criteria

Supporting notes

*If the child is 15+ needs our short term safety planning service in response to crisis please call MSP - 01642 241 864*

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***Annex Two***

**My Sister’s Place Children and Young People Service**

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| --- | --- |
| 1. **About the child/young person** | |
| Name of child/young person |  |
| Date of birth |  |
| Current address |  |
| Postcode |  |
| Religion |  |
| Ethnicity |  |
| School |  |
| Any SEN/disability |  |
| Who else lives in the home? |  |

|  |  |
| --- | --- |
| 1. **About the parent/carer** | |
| Name of carer: |  |
| Relationship to the child: |  |
| Contact number: |  |
| Name of current **carer if not parent**: |  |
| Address of carer if different to above: |  |
| Postcode: |  |
| Contact Number |  |

|  |  |
| --- | --- |
| 1. **About the referrer** | |
| Name: |  |
| Agency/ job title: |  |
| Contact number: |  |
| Email address: |  |
| What is your current involvement with the family?: |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **About other agency involvement** | | | | | | | | | | |
| **Are Children’s Services involved with the child?** | | | | | | **yes** | **no** | **unknown** | | |
| If yes, please tell us more about this: |  | | | | | | | | | |
| Is the child on any of the plans below? Please tick: | | | | | | | | | | |
| Early Help Plan: |  | | Child in need plan: |  | | Child protection plan: | | | |  |
| **Is the child looked after by the local authority?** | | | | | | **yes** | **no** | | **unknown** | |
| Name of Social Worker: |  | | | | | | | | | |
| Contact Number: |  | | | | | | | | | |
| Name of Early Help Lead Professional |  | | | | | | | | | |
| Contact Number |  | | | | | | | | | |
| **Are there any other agencies supporting the child or family that we need to work with? Please give details:** | | | | | | | | | | |
| Agency | | Contact name | | | Contact number | | | | | |
|  | |  | | |  | | | | | |
|  | |  | | |  | | | | | |
|  | |  | | |  | | | | | |

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| --- | --- | --- | --- | --- |
| 1. **About the perpetrator of the abuse** | | | | |
| Name of perpetrator: |  | | | |
| Relationship to child: |  | | | |
| Area of residence (if known): |  | | | |
| Does child have contact with the perpetrator? Please tick | | yes | no | unknown |
| Details about how often: |  | | | |
| Is the contact supervised and if so, by whom? |  | | | |
| Where does contact take place and what are the arrangements around handover? |  | | | |

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| 1. **About the reason for the referral** *(please use separate sheets if necessary)* |
| Please give us some information about the child’s experiences of domestic abuse, for example; what have they seen and heard? How did they react? How long ago was this? |
|  |
| Why are you concerned about this child? What behaviours are they displaying that made you think that they need our help, for example around their emotional welfare or their behaviour? |
|  |
| Tell us a bit about the general family situation – is everyone else doing okay? Or are there any ongoing challenges or issues that it would be useful for us to know about? |
|  |
| Has the referral been discussed with the child and have they consented to the referral? What are their views about this? |
|  |
| **If this is a third party referral,** has this been discussed with the parent/carer? What are their views about this? |
|  |

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| --- | --- | --- |
| 1. **About My Sisters Place services** – please indicate which service you feel might be suitable. We will consider the information in the referral and may make other recommendations which we will discuss with you. **Please see our accompanying Referral Guidance for more information.** | | |
| **Trauma Informed Confidential Therapy** | **Trauma informed confidential therapy** for children and young people between the ages of 4 – 18 who have been significantly impacted by their traumatic experiences of domestic abuse. Therapy is based on assessment of needs and offered as short, medium or longer term therapy with multiple episode access to support initial and ongoing recovery. |  |
| **Children and young people’s School based/community support** | One to one outreach for children and young people aged 4 to 18 years who have experienced domestic abuse in the family home and/or in their own relationships. There may also be some group work where appropriate. Our sessions give young people a space where they can begin to explore and articulate their experiences. |  |
| **Please indicate whether support for the non-abusive parent or carer is also required** | We offer a range of therapeutic and support services to parents/carers when their child is working with us; from emotional and practical support to access to our therapeutic support and counselling sessions. |  |

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| 1. **About Parental responsibility** (please see guidance for more information)   We accept referrals consented to by the ***resident*** parent/carer (the parent/carer the child lives with).  Do you have any agreements in place with the non-resident parent (who may or may not be the perpetrator of the abuse that has affected the child) that may require us to share information about the child with them, for example:   * 50/50 shared parental care; * Court ordered arrangements such as a child arrangement order; * Existing arrangements such as with the child’s school that require both parents to be involved in decision making;   If so, please outline these below: |
|  |

|  |  |  |
| --- | --- | --- |
| 1. **About Parent/carer/child consent** (you can consent for yourself if you are aged 13 or over – see guidance)   (Please ensure this is signed and the boxes are ticked before referring)  *Please note that consent can be withdrawn at any time.* | | |
| I am fully aware of the reasons for this referral and ***I consent*** to the referral being made: | |  |
| ***I consent*** to allow My Sisters Place to hold my information for the purposes of providing a service, and I understand that this information will be discussed within the My Sisters Place team for the purposes of assessment: | |  |
| ***I consent*** to allow My Sisters Place to contact other agencies such as my child’s school or social worker to get further information about the referral if required (information sharing): | |  |
| **Name:** |  | |
| **Signature:** |  | |
| **Date:** |  | |
| We will send communications out by letter unless otherwise advised. If you would prefer to receive communications by email, please enter your email address\*: | | |
| **Email:** |  | |

**Contact details for referrals**

**Please return this form by secure email to**

@mysistersplace.co.uk

or

**post to**

My Sisters Place, 123 Borough Road, Middlesbrough, TS1 3AN

**Website** [www.mysistersplace.org.uk](http://www.mysistersplace.org.uk)

Telephone 01642 241 864