Children’s Trauma Therapy Service - Referral Form

**About us**

The Children’s Trauma Therapy Service, at Bradford Family Action offers recovery-focussed therapy for children / young people aged 4-18 who need support following abuse (sexual, physical, emotional, domestic and neglect) or traumatic bereavement. Our offer of therapy usually includes work with the whole family, though we also welcome self-referrals from individual young people. We specialise in working with developmental trauma.

If you are a parent or young person and would like any help with this form, please call us on: **01274 651652** and ask for a member of the Children’s Trauma Therapy Service, or email CTTS@family-action.org.uk

For more information on the therapy streams we provide and who we work, read the document ‘Information about Referring to the Children’s Trauma Therapy Service’.

**Information about referrals we cannot accept:**

Please note that we are not able to accept referrals for children on a Child Protection Plan due to their primary needs being safety and stabilisation ahead of any therapy work.

If the child is Looked After or on a Special Guardianship Order please be advised that there is a CAMHS LAAC referral pathway.

We are a purely therapeutic service without access to psychiatrists or crisis workers therefore we are not able to hold cases where this is a significant level of mental health risk including: active psychosis; suicidal ideation where there are active plans, intent or recent attempts (within the last 6 months); significant self-harm including restricted eating; an acute mental health crisis including recent hospital admission (within the last 6 months). If you have concerns about a child or young person experiencing the above then please contact CAMHS or First Response.

Please send completed referral forms**:**

By secure email to CTTS@family-action.org.uk

Secure emails can be received through at this address through GalaxyKey, Egress Switch & by encrypted email.

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| Referrers Details |
| Referrer’s Name and Agency: |  | Address (include Postcode): |  |
| Job Title: |  | Email:Mobile number: |  |
| What is your involvement with the child/family being referred? |  |
| What on-going contact will you have with the child/family being referred? |  |

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| Family Details |
| Name of Child(ren) or Young Person\*: \*If this referral is for more than one child in the family, please detail them all in the box below |  |
| Name of Parent/Carer: |  | Is an interpreter needed? Y/NIf yes, which language? |
| Address :(include Postcode) |  |
| Parent /Carer Email: |  | Can we leave a voicemail message? Y/NCan we send a text message? Y/N |
| Parent /Carer Phone Number: |  |
| Is this a self-referral by a young person or parent? | Y/N |  |
| **Young Person’s phone number\***\*Where possible. it is helpful to have this information for referrals of young people over the age of 13 |  | **Can we leave a voicemail message? Y/N****Can we send a text message? Y/N** |
| **Young Person’s email address\*** \*Where possible. it is helpful to have this information for referrals of young people over the age of 13 |  |  |

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| Family Details - continued |
|  | FIRST NAME | SURNAME | D.O.B | RELATIONSHIP IN FAMILY | GENDER | ETHNICITY | LANGUAGES SPOKEN | RELIGION | DISABILITY/ MEDICAL | SCHOOL  |
| CHILD(REN) or YOUNG PERSON BEING REFERRED\*\*Please list all children in the family that are being referred |  |  |  |  |  |  |  |  |  |  |
| Does the child /children have a Statement of SEN/EHCP? if yes please give details: |
|  |
| **Consent:** |
| I consent on behalf of myself and my child/ren for a referral to be made on our behalf to the Family Action Children’s Trauma Therapy Service.**Signed : ………........................................................... Date ……………….** |

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| Information in support of the referral |
| Can you tell us about the traumatic experience(s) that has impacted the child/children and family? When did this occur and who was involved?  |
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| Can you tell us how the traumatic experience(s) has affected the child /children and family?What impact have these experiences had on their family relationships? |
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| What do you hope will change for the child/family being referred as a result of our involvement? |
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| Are there any barriers to this child/family accessing our service?  |
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| Safeguarding |
| Is there a current Risk Assessment? If yes, please attach to this referral | Yes / No |
| Is there a current Needs Assessment? If yes, please attach to this referral | Yes / No |  |
| **Please note:** if the child is currently on a Child in Need Plan, we will require a copy of the most recent Child and Family Assessment and/or care plan. A copy of the relevant report should be sent with the referral. Please note we are **not** able to accept referrals for children on a Child Protection Plan due to their primary needs being safety and stability ahead of accessing therapy. Please note there is a specialist CAMHS LAAC pathway for all Children in Care and on Special Guardianship Orders, however we accept referrals for children in kinship care |
| Are there any children in the family who are currently, on a Children in Need Plan? Please give details of any current Child in Need with dates: | Yes / No |
| Name of child / children | Details of Registration | Start date / Expected end date |
|  |  |  **/** |
|  |  |  **/** |
| Are there any ongoing criminal investigations or legal proceedings affecting this family? If yes, please give details:**(E.g. Custody / Contact arrangements or Child Sexual Abuse cases being investigated / proceeding to trial)** | Yes / No |
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| Has this child been referred to any other therapeutic services?If they have also been referred to CAMHS, or are awaiting an assessment through CAMHS or other specialist service, please detail this below: |
|  |

As a service we take a systemic approach to meeting the needs of the families we work with. That means that we would always try and build on the help and support available to them. In order to be as effective as possible it is really important that where possible we can contact other professionals. Please provide details of these agencies below if known:

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| All agencies currently involved with family |
| Role / Occupation | Name | Organisation and Contact Tel No | What is the involvement? | Do we have consent to contact them? |
| GP (Required) |  | **Email:** **Tel:**  |  | **Yes / No** |
| School(Required) |  | **Email:** **Tel:**  |  | **Yes / No** |
| Social Worker(Required if CiN and Social worker is not the referrer) |  | **Email:** **Tel:**  |  | **Yes / No** |
| CAMHS(Required if already under their care) |  | **Email:** **Tel:**  |  | **Yes / No** |
| Police(The details of the Police Officer in Charge if the case (OIC) is needed if there is an active CSA or DA investigation / prosecution at the time of referral) |  | **Email:** **Tel:** |  | **Yes / No** |
| Other |  | **Email****Tel:** |  | **Yes / No** |



Children’s Trauma Therapy Service: Consent Form

Dear Parents/Carers,

Your family has been referred / you have self-referred to the Children’s Trauma Therapy Service at Bradford Family Action. We want to you to feel happy and confident regarding the referral that has been made and understand what will happen with any personal information relating to you and your family on that referral.

What do I need to do?

* If you’re happy for a referral for your family to be made to the Children’s Trauma Therapy Service, complete and sign the box number 1 ‘Consent for the Referral to the Children’s Trauma Therapy Service’

1) CONSENT for the Referral to the Children’s Trauma Therapy Service

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| --- | --- |
| Name of child / children being referred |  |
| Signature of parent/carer with parental responsibility\* |  |
| Date: |  |

2) Processing & Sharing Information: Children’s Trauma Therapy Service, Family Action

Legal Basis: Legitimate Interests – Article 6 (f) – Processing is necessary for the purposes of legitimate interest pursued by the controller or by a third party.

Special Category Data – will be processed under Article 9 (g)

Article 9 – (g) Reasons of substantial public interest (with a basis in law)

Substantial public interest condition set out in DPA 2018 – Condition 18. Safeguarding of children and individuals at risk.

.Organisations that we may share your data with:

We may Share anonymised data with Clinical Commissioning Group (CCG) for reporting/funding purposes

*This anonymised data such as the number of families we have worked with & number of therapy sessions we have provided.* ***This does not refer to the content of any therapy sessions****,* ***which are strictly confidential****. More information regarding confidentiality will be shared at the start of therapy.*

We may Share anonymised case studies of therapy work for funding, or research, purposes

*We provide regular, anonymised, case studies of the therapy we provide to our funding commissioners and occasionally for research purposes. These case studies help us to demonstrate the types of therapy work we offer at our service and the ways we help children and families. These case studies are non-identifiable; your name will not be used, and the contents of the session or specific details of your story will not be shared. The types of therapy used or overarching themes of the work may form part of these studies.*

We Share information with other education, health & social care and/or police professionals regarding my family’s care.

*We work in a supportive and collaborative way with families referred to our service. This includes working alongside other professionals who may be involved in supporting your family in order to provide the most holistic support possible. We will not share details relating to content of therapy sessions without your explicit consent, unless there was a clear reason to do so (e.g. safeguarding risk, or unless compelled to do so by a court of law). This sharing of data enables us to work collaboratively with other services involved in your family’s care and attend meetings with you, or on your family’s behalf as necessary.*

We Share information with other therapy service providers in order to support my family’s clinical and therapeutic needs.

*We work closely with other local mental health services; such as CAMHS, adult mental health services or other third sector mental health providers, in order to provide the best support to the families we work with. We sometimes need to produce reports of the clinical work we have offered to your family, or make referrals to other services, in order to support your family’s ongoing needs. This would always be discussed and agreed with you first.*

Please contact Service Manager or the Clinical Lead to discuss any queries you may have.

# Changes

Family Action reserves the right to make changes to this policy from time to time. Where we do so, we will publish the new policy on our website <https://www.family-action.org.uk>. Please contact data.protection@family-action.org.uk or the Children’s Trauma Therapy Service using the details below to request any data or discuss any concerns you may have:

Children’s Trauma Therapy Service

Bradford Family Action

Kenburgh House

28 Manor Row

Bradford

BD1 4QU

CTTS@family-action.org.uk



Children’s Trauma Therapy Service

Bradford Family Action

General Data Protection Regulation (GDPR) Statement

For the purposes of the data processing described in this statement and compliance with the Data Protection Act (2018), Family Action operate as Controllers of the data.

# Commitment

Family Action is committed to making sure that any information we hold about you will be collected, stored and used in accordance with The Data Protection Act 2018 and General Data Protection Regulation 2016/679 (GDPR). This means that we adhere to the data protection principles of only holding information about you that is relevant to our work with you, that we make sure the information that we hold is accurate, up to date, secure, and only kept for as long as we need it.

We have a single point of contact for all data protection issues, should you have any questions relating to this notice or our processing of personal data, please email data.protection@family-action.org.uk or contact Family Action Children’s Trauma Therapy Service at the address at the bottom of this form.

# When do we collect your information?

We may collect information about you at a number of stages in your use of our service.

During your engagement with us

Throughout your engagement with us, our team will record information about the service provided to you, including case reporting, plans and reviews. This will help us to fully understand your needs and promote your health and wellbeing.

What Personal Information do we record?

The type of information (including personal information) that we collect and use and what we do with it will depend upon your relationship with us. We collect only the personal data that we require to provide you with services, fulfil contracts or keep in touch with you.

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| --- |
| **Information about You:** |
| Name & Address |
| Contact Information (email / telephone) |
| Gender & Date of Birth |
| \*Disability Information |
| \*Health Information |
| \*Ethnic Origin & \*Language Spoken |
| Services provided |
| Case history |

\*Special Categories of Data

Due to the service we provide, some of the data we collect is sensitive. Information relating to Health, Ethnicity and any specific requirements you or your child may have are considered ‘Special Categories of Data’, we are required to take extra care when handling this information.

For Safeguarding and Legal requirements

All staff have a duty to safeguard and promote the welfare of children and young people. We have a duty to report any child protection or welfare concerns. In certain, limited conditions we may use or disclose your personal information in order to comply with a legal obligation, in connection with a request from a public or government authority, in connection with court proceedings or to prevent loss of life or injury. Where possible and practical to do so, we will tell you in advance of such disclosure.

Sharing & Disclosure

Your information will only be accessed by staff who need to do as part of their role.

Within the Children’s Trauma Therapy Service:

* Staff working at the Children’s Trauma Therapy Service
* Senior managers, (as required);

Outside of the Service:

* Sensitive personal data will not be shared with anyone outside of Family Action Children’s Trauma Therapy Service without good reason.

# Rights

The GDPR legislation provides you with a number of rights in relation to your personal data.

Right to Withdraw Consent:Where you have consented to our processing of your data, you have the right to withdraw that consent at any time.

Right to Access:You have a right to obtain copies of the information that we hold about you. In the interest of security, you will need to prove your identity before any information can be shared with you. We may not be able to disclose all of the information you request, for example if it contains information about other people or there are legal reasons for us to withhold the data.

Right to Rectification:We try to ensure the data we hold about you is accurate and up-to-date. If you believe our data is inaccurate, please tell one of our staff who will make any necessary amendments.

Right to Erasure or the Restriction of Processing:In certain circumstances, you can ask us to remove your data from our systems.

Right to Complain:If you are concerned about the way we have processed your personal information, you have the right to complain to the Information Commissioners Officer (ICO). To do so please refer to the ICO website <http://ico.org.uk>