

GUIDANCE FOR COMPLETION OF ACORNS REFERRAL FORM

1. Referral Criteria

We offer a wide range of services for children and young people who have been impacted by domestic abuse, and who are:

- 4 -18 years' old;
- Resident or at school in North Tyneside or Northumberland;
- Showing signs of trauma related to their experiences of domestic abuse.

We will not accept referrals:

- For apparent mild or transient concerns;
- For school based problems without emotional health or family based issues;
- Where the child has not been seen or consulted and given their consent;
- Who are still living with the perpetrator;
- If that perpetrator is still in a relationship with their non-abusive carer;
- Who are already receiving support, either in school, from another therapeutic provider, or from NHS mental health services;
- If the issues relate to parental conflict/child contact arrangements;
- 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;
- If there are any unresolved issues around safety or any other risk factors that would negate the effectiveness of our support, including ongoing abuse post-separation;
- If the **clinical need** of the individual is too complex and falls outside of our professional remit.

Clinical Need

We are unable to offer a service to children and young people with:

- An existing high level of clinical need, including severe mental health diagnoses that require medical care,
- Behavioural challenges which relate to high level Autism or ADHD diagnoses, or
- Children/ young people who frequently self-harm or who show signs of suicidal ideation who have not already been risk assessed and support put in place for this.

This is because we do not offer clinical mental health services such as out of hours' crisis support, long term psychotherapy/mental health support, do not diagnose conditions and do not prescribe medication.

Upon receipt of our referral form we will consider the information provided and make recommendations about what services we believe will best support the family.

2. Referral Checklist

This checklist is to enable you to ensure you have completed all sections of the form. Any incomplete or missing information will **delay the referral**.

a. Information about the child

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

b. Information 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 there are any specific additional needs that need to be considered please tell us here.

c. Information about the referrer (If not a self-referral)

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

d. Other agency involvement

Please give as much information as you have about the nature of any involvement with Children's Services and any other agencies involved. This will speed up the referral process as we will know who we need to contact if we need any more information to assess the referral.

e. Contact with the perpetrator

Please include, where possible, the name of the perpetrator/s as well as the area in which they live. This is about assessing risk to the child from accessing Acorns, as well as identifying confidentiality issues when multiple children may be connected to the same perpetrator.

Our priority is the safety and welfare of the children referred to us. For our therapy services to be suitable and helpful for the child, it is important for children/young people to be living in a **safe and stable environment**. We will provide therapeutic support to children and young people who are having contact with the perpetrator if that contact is assessed as safe and not excessive.

However, Acorns **will not** accept referrals for therapeutic services for children who are still living with the perpetrator, if that perpetrator is still in a relationship with their non-abusive carer or if there are any unresolved issues around contact, safety or any other risk factors, including ongoing post separation abuse that isn't being addressed by the relevant agencies.

A member of staff from Acorns will contact you to discuss if this appears to be the case as we may have other more suitable services available, or may be able to signpost appropriately.

f. Information about the reason for the referral

Please give us as much information you can about the child's experiences of domestic abuse, their response to it and what the concerns are around their current welfare and behaviour. This allows us to make a fuller, safer assessment of a child's situation and appropriateness for therapy or mental health support.

Acorns cannot process a referral for support if this has not been discussed in an age appropriate way with the child/young person and they have given consent for the referral. There is no pressure on children and young people to continue the process, the first step for them will be to come for a visit or have an initial meeting with a worker at an outside venue, and they can then decide if they would like to continue.

g. Acorns services – please note some services are dependent on where you live

Please indicate which of our services you feel may be most useful. If you are not sure don't worry – we will discuss this when we receive the referral and advise accordingly. You can tick one or more or none of the available options.

We offer mental health & wellbeing support, and therapeutic recovery services for children and young people. What is the difference?

Therapeutic Recovery Services (counselling and play therapy)

Our Recovery teams offer a wide range of different options for children and young people such as play therapy, talking therapies, Theraplay and Trauma Play techniques, to meet the individual needs of children and young people and families who come to Acorns.

We utilise mediums such as sand, art, crafts, music and talking therapies to enable children and young people to communicate and process their experiences of domestic abuse, develop problem solving and communication skills, explore the issues and challenge negative messages around violence and abuse (e.g. "this is my fault"); learn to cope with feelings of pain and loss, and commence the healing process.

Our teams generally offer around 10-12 weekly sessions held at the same time and place each week. This structure is really important for the therapeutic process to be effective. We know that the best outcomes and greatest increases in a child's wellbeing are seen in those children who are brought regularly to their appointments, which gives our therapeutic interventions the best chance of success and so we do ask that parents/carers commit to this.

In Northumberland, this work takes place on an outreach basis in schools and Children's Centres. In North Tyneside, we deliver this work from our premises at Alma Place. If requesting this service in North Tyneside, please consider if the child can be supported to attend our premises for these appointments.

Mental Health & Wellbeing Support Service

Not all children and young people want to go to see a counsellor or therapist even if they are not feeling okay, for a variety of reasons – sometimes the required level of structure can be challenging, and sometimes they might need a bit more flexibility than the counselling process can offer.

This service is a multi-disciplinary, trauma informed approach that includes youth work, therapeutic mentoring, practical and emotional support, befriending and key working. Workers offer mechanisms for children and young people to process their traumatic experiences while developing self-awareness, confidence, self-esteem, communication and social skills and resilience.

Each young person is consulted on their needs and goals to ensure they get the support that will most benefit them, at a frequency, place and time that suits them. For younger children, this is often in school, with appointments taking place at the same time and place each week, however this more flexible option can often suit teens and older young people who want to direct their own support and fit it in with their busy lives. This service is delivered in house from our premises at Amron House in North Shields, and on an outreach basis in schools, colleges and the community.

This work can be delivered over the long (usually around 10-12 weeks) and short term (usually around 4-6 weeks/ one off sessions/flexible drop in). This team also facilitate our Youth Panel – Acorns' young people's participation group, please see our website for more details.

First Response Service

This team also offers our First Response service – for children and young people aged 11+, who are feeling the impact of recent incidents of domestic abuse (either at home or in their own relationships) but may not yet be ready to start recovery work. We offer 4-6 weeks of emotional support, safety planning and advocacy. This service has a different referral process so please get in touch if you need more information.

Additional Services – availability may be dependent on where you live

We offer a wide range of additional services, workshops, participation opportunities and free events for the whole family that can be accessed as soon as a child is on a waiting list. We will send you a letter to confirm this, and we will send you the details of these, usually by email, or you can check out our website www.acornsproject.org.uk for more information, including on how to register for events.

h. 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 Acorns, and we are happy to advise parents on how best to approach this and the related issues described above. Please give us a call for a chat if this is something that you feel may be a barrier to your child coming to Acorns.

i. Parent/carer/child consent

Acorns cannot process a referral for a child if the parent or current 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 maximise 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>

A NOTE

Research with children and young people living with domestic violence and abuse shows that they have very individual reactions to their experiences. They have their own views and interpretation of the abuse they are living with. It is particularly important to avoid assumptions of permanent psychological damage and notions of 'cycles of abuse'. There are several factors that moderate the risk of harm and negative experiences of children including parenting capacity, individual resilience, support from wider family, school and a range of other protective factors. Not all children need support. In order to recover from their experiences, children need:

An end to their exposure to violence and abuse

Living with continuing domestic abuse (including conflict around child contact arrangements) has the most damaging impact on a child's physical and emotional health and welfare.

A safe place to live

With access to school, healthcare, money, friends and opportunities to play and be a child.

Strong, safe parenting

Based on love, warmth, affection and predictable, consistent routines and boundaries.

In addition, children need:

- Age appropriate information about what is happening in the family
- To be listened to and have the opportunity to talk within the family about the day to day stuff of school and friends as well as how they are feeling
- 'Permission' to talk about what has happened and someone to talk to outside of the family
- Information about how to keep themselves safe

The messages children need to hear about domestic violence and abuse are:

- The abuse is not your fault
- It is not your responsibility to keep adults safe
- When adults fight it is an adult problem and adults need to fix it
- It's OK for you to get help
- It's OK for you to talk to someone about what has happened