

Children's framework – Referrer overview

Purpose and overview: What the service offers

The service provides trauma-informed, child-centred therapeutic support for children and young people who have experienced domestic abuse. The service supports children and young people aged 0–18 years, and up to 25 years for young people with Special Educational Needs and Disabilities (SEND), where assessed as appropriate.

The service follows a structured model to support children and young people to build emotional safety and stability, engage in trauma-informed therapeutic support, and develop resilience to sustain long-term wellbeing. Support is developmentally informed and age-appropriate, flexible and needs-led, and delivered alongside parent/carer support where appropriate.

Referral criteria and sources: Who can refer

Referrals are accepted from key partner agencies including Cranstoun IDVA services, Next Link, and Children's Services (including BSIL, CIN, CP and Early Help). Referrers are required to remain actively involved with the child and family throughout the referral and intervention process.

At the point of referral, referrers must ensure that the child is safe and not living with the person who caused harm. Referrals are acknowledged within 48 hours, ensuring timely engagement with the service and enabling early progression through the framework.

Referrers should identify any SEND or additional needs, including support required to engage and any adjustments needed.

Service model and interventions: Types of support available

The service offers a range of interventions to meet differing levels of need; all delivered in an age-appropriate and developmentally informed way. This includes:

- **creative therapeutic group programmes** tailored to different age groups and developmental stages,
- 1:1 trauma-focused **play therapy** (up to age 14 years, dependent on developmental need),
- 1:1 **counselling** for children and young people aged 11 and over (up to 12 sessions, dependent on developmental readiness),
- **Parent/carer support** – consultation and guidance to support understanding of trauma and strengthen relationships, and
- **ongoing support & signposting:** Where additional or alternative services are required

In addition, the service provides parent and carer support and consultation, psychoeducation and skills development, and ongoing support and signposting where appropriate. Interventions are designed to support emotional regulation, develop understanding of trauma and its impact, enable safe expression of experiences, and build coping strategies and resilience. Children and young people are allocated to the most appropriate intervention based on their individual needs, developmental stage, and readiness to engage.

Consent

Referrers must confirm that consent has been obtained prior to referral.

- Young people aged 16–17 are presumed to have capacity to consent to their own support unless there is evidence to suggest otherwise. For all referrals for 16 – 17 years old made on their behalf we will need to affirm consent is given, this will be verbally, via email or phone.
- Children aged **13+** may provide their own consent where they are assessed as having sufficient understanding and competency (Gillick competent).
- For children under the age of 13, consent must be obtained from a parent / carer or person with parental responsibility.

Referrers must confirm that:

- The child or young person has been provided with information about the service in an age-appropriate way
- The child or young person's wishes and feelings have been sought and are reflected in this referral
- Parental / carer consent has been obtained where required
- Referrals may be returned where consent is unclear or not confirmed.

For further information, please refer to [Capacity and Consent](#).

What happens after referral?

1. Triage (within five [5] working days)

All referrals undergo a brief, trauma-informed triage process to assess safety, risk and safeguarding concerns. This is not a full assessment but ensures that immediate risks are identified, safeguarding concerns are addressed and appropriate prioritisation is applied at an early stage.

The triage process determines whether the referral progresses into the service, requires urgent escalation due to safeguarding concerns in line with Family Action and North Somerset Safeguarding Children Partnership or is signposted to alternative services where the service is not appropriate at that time.

Triage contact: Triage is completed based on age and consent:

- **Under 13:** Parent/carer (child included where appropriate)
- **13+:**
 - Child consent → triage with child (referrer can support if needed)
 - Parent/carer consent → triage with child and consenting adult

2. Panel and allocation (within 10 working days of triage)

Referrals are reviewed at a weekly multi-disciplinary panel, which includes the Service Manager or Operations Manager, Play Therapist, and Children's Counsellor. The panel considers the child's trauma presentation and impact, developmental vulnerability, safeguarding status (including MARAC, CIN, CP and CIC), risk indicators such as self-harm, missing episodes or child-to-parent abuse, engagement potential, and any intersectional factors impacting the child's experience.

A structured scoring tool supports decision-making; however, all decisions are made holistically and in line with trauma-informed principles. The panel determines whether the referral is accepted, the priority level for intervention, and the most appropriate type of support to meet the child's needs.

Stage Allocation and Capacity to Benefit: Children and young people are allocated to a stage of support based on their level of need and risk, developmental stage, emotional stability, and readiness to engage in age-appropriate intervention. Outcomes of panel may include acceptance for therapeutic intervention, placement on a prioritised waiting list, or signposting to alternative services where needs are better met elsewhere.

Allocation also considers capacity to benefit, ensuring that interventions are delivered safely and effectively, and that any additional support or safeguards required are identified and implemented.

3. Initial Assessment (within 10 working days of allocation)

- All children and young people accepted into the service will receive a comprehensive, trauma-informed initial assessment completed by a qualified practitioner. The initial assessment will be supported by the parent/caregiver or referrer depending upon age/need of child and where we have consent to do so

This assessment explores the child's lived experience, emotional, behavioural, and developmental needs, and includes the child's voice in an age-appropriate way. It also identifies goals and focus for support and informs the approach to intervention.

Where possible, continuity is maintained by ensuring that the same practitioner who completes the assessment delivers ongoing therapeutic support. Therapeutic intervention will begin within 10 working days of assessment where possible, with regular contact maintained if there are delays.



Risk management and scope

The service supports children and young people experiencing the impact of domestic abuse where risks can be safely managed and therapeutic intervention is appropriate. The service is not suitable where there is ongoing domestic abuse within the household, where the child is living with the person who caused harm, or where immediate safeguarding intervention is required.

The service complements statutory safeguarding systems and does not replace them. Referrers are expected to ensure that appropriate safety planning is in place, relevant professionals are involved, and risks are being managed through the appropriate statutory and support services.

To note:

- The service is needs-led, trauma-informed and developmentally appropriate
- Risk is assessed early; this is not a crisis service
- Children must be safe and not living with the person who caused harm
- Referrers play an ongoing role in supporting engagement and safety
- Support is tailored to age, developmental stage, and readiness

Referrers should identify any SEND or additional needs, including support required to engage and any adjustments needed.

Summary of timeline following referral

- + 48 hours: Referral acknowledgement
- + 5 working days: Triage
- + 10 working days: Panel & allocation
- + 10 working days: Initial assessment
- + 10 working days (if possible): Therapeutic intervention starts

