



Children's Trauma Therapy Service, Bradford – Referral Information

The Children's Trauma Therapy Service offers a specialist therapy service for children aged 4–18 years old and their families in Bradford District. We work to help children and their families recover from and understand their responses to complex trauma. Our offer of therapy usually includes work with both the children and the adults around them. We welcome self-referrals from families and referrals from professionals. Our referral form asks for a lot of information, and this may be difficult emotionally for family to provide, if this is the case we suggest a professional completes the form OR we can arrange a telephone call to complete the referral with a parent or carer.

We approach children and young people referred to us with an attitude of acceptance and curiosity– we want to explore 'what has happened' for this child rather than 'what is wrong with this child'. We encourage working towards recovery, rather than focusing on diagnosis. We support parents and adults around the child without judgement and blame. This attitude is essential if families are to understand their responses to traumas, recover and repair relationships.

A key question when referring is whether a child has experienced a single incident trauma or ongoing trauma and unmet needs in childhood– leading to developmental gaps. Many of the children we support have experienced both.

We support children and their families who have experienced:

- Emotional and Physical abuse from main carers/ in the family home
- Sexual abuse: interfamilial, single incident sexual assault, peer on peer, sibling sexual abuse, Child Sexual Exploitation and online exploitation.
- Domestic abuse
- Neglect (both physical and emotional)
- Traumatic bereavement: loss through suicide, homicide or other traumatic /violent event; or following a death of someone close and the child is experiencing a trauma response to the bereavement. In most cases, therapy for the child is most helpful at least 6 months following the death. Up until this point we will offer consultation and guidance.
- We specialise in working with **developmental** or **complex trauma** because of *multiple* Adverse Childhoods Experiences (ACEs), unmet needs or attachment/ relational trauma

We also support children and young people who are living in **kinship care** or under a **Special Guardianship Order (SGO)**. For children who are looked after in foster care or residential care, please refer to the relevant team in CAMHS.

Many children referred to us have a diagnosis of **neurodivergence** (ADHD/ ASD) or may be on a waiting list for assessment with CAMHS. It is important to continue with this process if this has been recommended. We recognise that symptoms of trauma and neurodivergence can overlap and this will be considered carefully through our assessment process; please share this

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information and any adjustments a child might need. We do not assess for and diagnose ADHD/ ASD.

For trauma therapy to help a family, it needs to be the right time and the right support. Enough safety and stability has to be in place to provide a firm platform for the therapy work and begin trauma recovery.

Referred child(ren) should therefore:

- be living with a supportive adult
- be safe from abuse, sexual exploitation and other forms of emotional or physical harm
- be supported by a trusted adult who believes their disclosure about past harm

Through our work we hope to reduce any responses to trauma that are causing difficulty for the child and family. During referral, triage and assessment we need to build a picture about how the child is responding to trauma, how it affects them and others, how often and intense the difficulties are.

Following traumatic experiences children and young people may display a range of responses to trauma including, but not limited to:

- Emotional challenges– overwhelming and intense emotions
- Nervous system arousal or shut down– stress response of fight/ flight/ freeze/ collapse
- Sensory issues and sensitivity
- Cognitive difficulties (managing in school, or tasks at home)
- Avoidance of thoughts, people and situations that trigger memories
- Nightmares and flashbacks
- Sleeping, toileting or eating difficulties
- Struggling to separate from carers
- Social withdrawal/ not engaging in activities they previously enjoyed
- Physical or verbal aggression
- Self-harm or struggle with thoughts of not wanting to be here
- Mental health challenges– anxiety and depression
- Self-esteem and loss of confidence

Referrals we cannot accept for trauma therapy:

- Children currently on a Child Protection Plan
- Children who are regularly in contact with or cared for by an adult who has been abusive and not acknowledged harm
- Children who have a significant level of mental health risk including:
 - active psychosis
 - suicidal thoughts, where there are active plans or recent attempts (in the last year)

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- significant self-harm including restricted eating
- acute mental health crisis including recent hospital admission (in the last year)

We can advise in these instances about building safety and stabilisation or signpost to other services.

If you have concerns about a child, young person or adult experiencing mental health risk then please contact First Response on 111 option 2. CTTS is a purely therapeutic service, and we do not have access to psychiatric support or crisis support, if a multi-disciplinary approach is needed due to mental health risk, please refer to CAMHS.

As the referrer please do not hesitate to contact us if you would like to check the progress of a referral, triage, assessment or therapy intervention. We welcome feedback and questions at all stages of our support.

Assessment, consultation and therapy- next steps

We clinically triage **all** referrals and may contact parents and professionals at this point to clarify it is the right time for support and that we have a full picture of needs before accepting a referral. Following acceptance of a referral, we may offer **specialist consultation** to the professional system supporting the child and/ or we may offer an **initial clinical assessment** to the referred family.

We recognise that the relationships around a child are important for their recovery journey and therefore we include the parent/carer and other family members in the assessment and therapy work as appropriate. The focus in trauma therapy is always relationships –as relationships have been the site of harm, they also need to be the source of healing.

In consultation an experienced member of our Child and Family Trauma Therapy team will meet with the key adults (parents and professionals) in the child's life. We will consider together:

- How the trauma has affected the child and has led to their current behaviours, challenges, and struggles.
- What strategies might help.
- How adults can respond day to day to the child and increase the child's emotional safety and strengthen their connections with others.

Following assessment, we may make an offer of direct therapy to the family (with their agreement). This might include:

Therapeutic Parenting aims to help carers support their child(ren) in new ways with an understanding of trauma and attachment.

The focus is always about being curious about a child's behaviour and understanding behaviour in the context of their experiences.

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Dyadic Therapy (Parent-Child) builds on positive interactions and safety to strengthen the attachment relationship between carers and children.

Individual Child Therapy uses various creative techniques, play resources, movement and talking to support children and young people to express themselves and process their experiences.

Trauma experiences come back to children and young people, not as words or stories but as sensations and emotions. It is easier for children to communicate through images, movement and play. Thinking and talking always come later, when children can access the higher thinking parts of the brain. The use of play and creativity can be healing as when a child experiences trauma, play and creativity can be lost.

EMDR targets and processes difficult memories, thoughts, feelings, and bodily sensations related to traumatic experiences.

Family Therapy focusses on healing the impact of trauma and adversities on family relationships.

Data Protection Statement

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,

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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: