

# Request for Support

Are you...?
I am a professional

What support are you requesting?	I would like to refer a child or young person for 1:1 therapy	Yes
	I would like to refer a child or young person to connect with others via a group	Yes
	I would like to refer a parent/carer	Yes
	I would like support as a professional	No

## Previous Support

Has the child or young person accessed support with us before?
No

Please tell us how long ago this was
-

Has the parent or carer accessed support with us before?
No

Please tell us how long ago this was
-

I consent to you storing my personal information that I share in this form <i>All data is stored securely. For more information on why we collect data, how we store it, and your rights please read our privacy policy here - <a href="#">Privacy Policy</a> *</i>
Yes

## Consent

Consent to make this request for support for the child or young person	I have consent from the young person if 16 or over	N/A
	I have spoken to the child or young person where possible if under 16	Yes
	I have consent from the parent or carer or person with parental responsibility	Yes
	I confirm the parent, carer or young person (16 plus) gives permission for their data to be stored on your secure database	Yes

Consent to make this request for support for the parent or carer	I confirm the parent or carer gives permission to request this support on their behalf	Yes
	I confirm the parent or carer gives permission for their data to be stored on your secure database.	Yes

## Criteria

The child or young person has experienced sexual abuse or assault
Yes

The sexual abuse or assault the child or young person was experiencing has now stopped
Yes

They live in Bristol, South Gloucestershire, North Somerset or Bath & North East Somerset.
Yes

## The following criteria is specific to group work

The young person is aged 14 - 17 (or has turned 18 today)
Yes

## Criteria - Therapy

There is relative stability in the child or young persons' life <i>Having some security can support a child or young person during trauma therapy</i>
Yes

Are they having therapy or counselling at the moment?
No

## Therapy Options

Tell us about the therapy options the child or young person is interested in. It's OK if they're not sure.	
<p style="text-align: center;">12 sessions online 12 sessions in person 24 sessions in person I am not sure</p>	Yes
What kind of therapy would they like?	
<p style="text-align: center;">Creative arts therapy (e.g. art, drama, movement) Play therapy Talking therapy They have a particular memory or memories that they want to work through I am not sure</p>	Yes

## Your details

Your details	
Full name	Kevin Spencer
Pronouns	He/him
Job title	Social Worker
Organisation	Through Care Team, Bristol City Council
Office address	164 Bishop Road, Cotham BS2 8PH
Telephone number	07871387867
Email address	K.Spencer@bristolcitycouncil.gov.uk

What type of service is your organisation?
Social care

Preferred method of contact	
Phone	Yes
Text	
Email	Yes
Letter	

Would you like us to contact you first before we contact the child, young person or parent/carer?
Yes

## CYP details

The child or young person's details	
Name	Joseph Tomlin
Pronouns	He/him
Home Address	3 The Flat, Bristol
Postcode	BS1 6TR

If they live in a foster/residential care setting, how long have they been living there?
Foster Placement. Been living with family for 2 years. No planned moves.

Date of Birth
16/09/2010

## 16+ Young Person Contact details

*This page is only to be completed for referrals for young people aged 16-18*

Who would the young person like The Green House to contact first?
-

Young person contact details	
Telephone Number	-
Email Address	-

Preferred method of contact	
	Text
	Phone
	Email
	Letter

## Parent/carer details

Please tell us the name and contact details of the parent or carer	
Full name	Marion Aberra
Home Address	3 The Flat, Bristol
Postcode	BS1 6TR
Telephone number	08768164177
Email Address	Not known

Date of Birth	19/01/1985
---------------	------------

Preferred method of contact	
	Text
	Phone
	Email
	Letter
	Yes
	Yes

This person has parental responsibility
No

Any other parents or carers?
Yes

Please tell us the name and contact details of the parent or carer	
Full name	Francis Aberra
Home Address	3 The Flat, Bristol
Postcode	BS1 6TR
Telephone number	07217486743
Email Address	Not known

Preferred method of contact	
	Text
	Phone
	Email
	Letter
	Yes
	Yes

This person has parental responsibility
No

Any other parents or carers?
No

## GP

GP practice	
Name of surgery	Hillview Surgery
Contact name (if known)	No named GP
Telephone number	01179 565 8462

Are they aware of this request for support?
No

## School/College

Name
Bristol School

Are they going right now?
Yes

Person who might be supporting them
Pastoral Lead - Mrs Jackson

Are they aware of this request for support?
Yes

## Your involvement

When did you start working with the family?
I supported Joseph into his foster placement two years ago.

Will you remain working with the family?
Yes

Please describe what support you provide to the family (including dates if relevant)
I have been spending more time with Joseph and his foster parents since his disclosure. I provide support to School as they have seen changes in Joseph's behaviour. We regularly meet to think of ways to support Joseph in school including having breaks. I have consent to share a chronology of Joseph's history, with you which I feel will be relevant to this referral.

If any other professionals are working with the family, please share who they are and the nature of their support
Joseph has an CYPSSVA called Jane Robinson who is supporting Joseph with the ongoing police investigation. Joseph meets with his pastoral lead daily for a 'check in'.

## Information about the child or young person

*These questions are optional. We ask them because how they identify is important to us and may be important to them and how we support them.*

Please tell us about the child or young person's ethnicity
Mixed - White and Black Caribbean

Please tell us about the child or young person's religion or faith
No religion

Please tell us about the child or young person's sexuality
Not known

Please tell us about the child or young person's gender
Male

Does the child or young person consider themselves to be trans, or have a trans history?
No

## The nature of the abuse

We won't ask you to tell us about the details of what they have been through, but we offer you the option to tell us something about it so that we can understand things better.

Can you tell us when the abuse or assault took place?
Between 1 and 5 years ago

Can you tell us if it was a single incident or multiple incidents?
It happened more than once

Who was it that harmed the child or young person?		
	Mother	
	Step-mother/ parent's female partner	
	Father	Yes
	Step-father/ parent's male partner	
	Grandmother	
	Grandfather	
	Brother	
	Sister	
	Step-brother	
	Step-sister	
	Other family member (adult)	
	Other family member (child or young person)	
	A trusted professional	
	A child or young person they know from school	
	A child or young person they met online	
	A boyfriend, girlfriend or partner	
	Someone else they know	
	A stranger	
	Other (please specify):	

Was the person who harmed under 18?
No

Can you select the options that best describe the type of abuse?		
	Sexual assault (e.g. sexual touching over or under clothes without permission)	Yes
	Rape	
	Child sexual exploitation	
	Female Genital Mutilation	
	Grooming	
	Exposure	
	Witnessed sexual abuse	
	Other (please specify):	

Is there anything you want us to know about the abuse or assault?
Social care have been involved with Joseph since he was born. There were multiple Child Protection Plans because of emotional harm and neglect from parents. Care proceedings began after Joseph disclosed years of sexual abuse from his father, that he said that his mother was also aware of but hadn't taken any action. Joseph disclosed to his teacher.

## Police involvement

Has the abuse been reported to the Police?
Yes

Date reported to the police
* 09/09/2022

What is the stage of the investigation?
Awaiting CPS decision.

Police officer contact details	
Name of investigating officer	PC Robinson
Telephone	077135161436
Email	J.Robinson@police.gov.uk

## Safeguarding and Social Care

Can you tell us if the abuse has been reported to social care?
Yes

Please describe the level of social care involvement:
Already completed

Social worker contact details	
Name	-
Telephone	-
Email	-

Please tell us what safeguarding has been put in place?
<i>It is important for us to know that the child or young person is now safe and not at risk of sexual harm or assault.</i>
Joseph is not at risk of harm.

## Health and Wellbeing of the Child/Young Person

Does the child or young person have any learning or physical health needs that we should know about?	
<i>We can offer support over the telephone, online or face to face. We can determine how to engage with you and support you if we know about a health condition</i>	
None	
Vision	
Hearing	
Mobility	
Learning	
Long term condition ie: Epilepsy, diabetes etc.	
Neurodiverse condition such as ADHD or Autism Spectrum Disorder	Yes
I prefer not to say	
Not known	
Other (please specify):	

Do they have any access needs?
<i>e.g. need a translator, use a wheelchair *</i>
No

If you have ticked any learning, physical or access needs above, is there anything you'd like us to know about it?
Joseph was diagnosed with ADHD and Autism in 2023.

Is the child or young person pregnant?
No

Is the child or young person a young carer?
<i>This is a person under 25 years old who cares for a friend or family member who cannot cope without your support</i>
No

## Mental Health and Wellbeing of the Child/Young Person

Please tick if any of the following apply	
<i>At times, our mental health is impacted by things that have happened to us, and we might experience things differently to before. There is also space for you to tell us more about what things are like for them on the next page.</i>	
They struggle with their mental health	Yes
They have suicidal thoughts	
They use self-injury/harm to cope	
They use alcohol or drugs to cope	
They have been admitted to hospital because of harm to self	
They don't experience any of these	
I'm not sure	
I/They want to wait to talk to someone at The Green House about this	

Do they have a mental health diagnosis?
No

If they have a mental health diagnosis, please tell us what this is
-

Are any professionals supporting the child or young person with how they are feeling?	
GP	Yes
CAMHS	
School staff member	
Other	

Is there anything else you want to tell us about how the child or young person is feeling and acting day to day?

*It's helpful for us to know about their wellbeing. This can help us put a plan in place to support them or get in touch with other services*

Joseph's teacher started to notice changes in Joseph's behaviour during March of this year. Joseph's concentration in class began to deteriorate and he appeared to be isolated at School, withdrawing from friends at break time. Joseph's foster parents shared that he no longer wanted to attend Badminton which was something he has always enjoyed. Joseph's pastoral lead and foster parents have spoken to him about this, where Joseph shared that he feels sad most of the time and just wants to sleep. Joseph said that he doesn't want to go out or play with friends.

## The following questions relate to the parent/carer that is requesting support

### Options of Support

Would they prefer to receive 1:1 support or within a group where they will meet other people? It is okay if they are not sure	
They want to connect with others in a group	Yes
They want 1:1 support	
They want 1:1 support over the telephone	Yes
They want 1:1 support using Microsoft Teams	
They want 1:1 support at home	
They are not sure	
I am not sure	

Tell us about their availability

*Please note, 1:1 support and the Parent/Carer Group is provided by the Family Support Work Team during normal working hours. The Parent/Carer Survivor Voice Group is offered outside of normal working hours*

They have limited availability but can organise a regular time to meet between 9 - 5pm Monday to Friday with plenty of notice

Tell us about the support they feel they need currently. It is okay if you or they are not sure	
To learn more about trauma and its impact on the child or young person	
To learn more about trauma and its impact on them	
To learn how to support the child or young person	Yes
Support with advocating for themselves at the school or other settings	
Emotional support	
To be part of a project that is about improving services and systems for survivors and their families	
Interested in a peer support group space to connect with other parents, eat cake and optional craft activities	
Would like some resources around sexual abuse	
Would like to be with other parents and carers to learn about trauma and it's impact on them and their family	
Would like to be signposted to specialist support or other agencies	
They are not sure	
I am not sure	Yes

### Information about the parent/carer

Please tell us about the parent or carer's ethnicity	Black or Black British - African
Please tell us about the parent or carer's religion or faith	No religion
Please tell us about the parent or carer's sexuality	Not known
Please tell us about the parent or carer's gender	Female
Does the parent or carer consider themselves to be transgender, or have a transgender history?	No

## Health and Wellbeing

Does the parent or carer have any learning or physical health needs that we should know about? <i>We can offer support over the telephone, online or face to face. We can determine how to engage with you and support you if we know about a health condition</i>		
	None	
	Vision	
	Hearing	
	Mobility	
	Learning	
	Long term condition ie: Epilepsy, diabetes etc.	
	Neurodiverse condition such as ADHD or Autism Spectrum Disorder	
	I prefer not to say	
	Not known	Yes
	Other (please specify):	

Do they have any access needs? <i>e.g. need a translator, use a wheelchair *</i>
No

If you have ticked any learning, physical or access needs above, is there anything you'd like us to know about it?
-

Does the parent or carer have any mental health difficulties that we should know about? <i>It is helpful for us to know about your feelings, thoughts and behaviours and what life is like for you day to day. There is also space for you to tell us more about what things are like for them on the next page.</i>		
	Low mood or Depression	
	Worry or Anxiety	Yes
	Panic attack	
	Flashbacks and nightmares	
	Obsessive thinking patterns	
	Difficulties with food	
	Extremes in mood	
	Trouble sleeping	
	Difficulty concentrating or forgetfulness	
	Isolation or withdrawal	
	Chronic stress	
	Substance use	
	Suicidal thoughts	
	Self-injury/harm	
	Hospitalised due to mental health	
	They don't experience any of these	
	Unsure	
	Other (please specify):	

Do they have a mental health diagnosis?
No

If they have a mental health diagnosis, please tell us what this is
-

Are any professionals supporting the parent or carer with how they are feeling?	
	GP
	Adult Mental Health Services
	Other (please specify):

Is there anything else you want to tell us about how the parent or carer is feeling and acting day to day? <i>It's helpful for us to know about their wellbeing. This can help us put a plan in place to support them or get in touch with other services</i>
The foster parents are quite concerned about Joseph, particularly Marion who is having difficulty sleeping. We have been speaking regularly about her concerns and have agreed that having a space to explore her worries and her own wellbeing would be useful.



## Hopes

What are the child or young person's hopes for this request for support?

Joseph shared that he would like his own support and is open to the idea of therapy. I am not sure if Joseph would be interested in any of the other services you have available so it might be best to talk about other options of support with him.

What are the parent or carer's hopes for this request for support?

Marion particularly would like to learn ways in which she can help Joseph at this time. We have also talked about accessing support for herself as she is struggling to sleep because of worry so this might be an avenue to explore further with her.

Is there anything else you want us to know?

I can provide a chronology of Joseph's history if helpful.

## What happens next

We will review the information in the form to check that the person you're referring meets our qualifying criteria and that there are no immediate safeguarding concerns or risk.

If we cannot accept the request for support, you will be contacted as soon as possible. We may signpost you to other services or recommend a referral to our professional consultation service.

After the Request for Support is accepted, the person will be put on our waitlist for an initial meeting with a member of the team. This meeting will focus on their support needs, and what they want in terms of therapy/ support.

We may be able to meet them at their home.

We may not be able to offer a home visit, but if we can are there any potential risks you are aware of that we should know about if we visit you at home?

*What counts as a risk? Pets, any form of discrimination, domestic violence or aggression, debt collectors, smoking cigarettes/marijuana in the home, neighbours etc.*

There aren't any risks that I am aware of

Please tell us more about the risks we should be aware of?

*We want to be as accessible as possible however we also want to keep our practitioners safe. If they do feel at risk, they will leave as soon as it is possible to do so.*

-

If there is any documentation that you feel we need, such as risk assessments and safety plans, please upload them.

Any comment required:

-

Thank you reaching out for support.

If you require a copy of this completed form, please email your request to [info@the-green-house.org.uk](mailto:info@the-green-house.org.uk).