

CLEAR's Children's Trauma Recovery Service: Referral Information for School Staff.

Often school staff recognise that a child would benefit from more specialised therapeutic support than they are able to offer and look to CLEAR to help them with this provision: most referrals that come from schools are funded by the school.

If you are thinking about making a referral to CLEAR, please look at our **Information Leaflet to Support Primary Schools** (download from [www. https://clearsupport.net/children-and-young-people](https://clearsupport.net/children-and-young-people)) or **Information Leaflet to Support Secondary Schools** (download from [www. https://clearsupport.net/children-and-young-people](https://clearsupport.net/children-and-young-people))

School staff can download referral forms from the website. Once these have been completed, they should be forwarded to CLEAR (referrals@clearsupport.net) to be assessed for 'readiness' by our Children's Clinical Lead. As part of the referral assessment process, our Children's Clinical Lead is likely to contact the referrer, to think together about whether therapy would be recommended at this time* and consider the practicalities of offering the therapy in school.

Readiness for therapy:

Before you fill in a referral form, it may be helpful to think about the things that need to be in place before a child would be viewed as ready for therapy. If you are unsure, you are very welcome to contact our team to arrange a discussion with our Children's Clinical Lead.

How long ago did the abuse / traumatic incident take place?

- **< 1 month:** this would be too soon.
- **1- 3 months:** this would be likely to be considered too soon.
- **> 3 months:** this might be considered an appropriate length of time, depending on the child's situation.

Has the child been living in their family home for at least 3 - 6 months?

- **Yes:** this would be a positive readiness indicator.
- **No:** ideally children need to feel settled and safe at home and school before trauma-recovery therapy is recommended. If the child / family have experienced a lot of change, it may be that the Children's Clinical Lead might recommend that

the child had a sustained period of time to feel safe and settled in their new home environment before therapy would be recommended.

Has the child been attending your school for at least 3 – 6 months?

- **Yes:** this would be a positive readiness indicator.
- **No:** ideally children need to feel settled and safe at home and school before trauma-recovery therapy is recommended. If the child / family have experienced a lot of change, it may be that the Children's Clinical Lead might recommend that the child had a sustained period of time to feel safe and settled in their new home environment before therapy would be recommended.

Do you have any major changes planned (e.g., moving schools) or are there court proceedings ongoing?

- **Yes:** if there were planned changes or events that were going on that might, temporarily, be putting additional pressure on the family, it would be likely that the Children's Clinical Lead might advise delaying the start of any therapy for a child until things were a little more settled.
- **No:** this would be a positive readiness indicator.

Do you feel staff could cope (and respond with sensitivity and empathy) if the child's 'challenging' behaviours got a bit worse, before they started to get better?

- **Yes:** this would be a positive readiness indicator. The beginning stages of therapy are often associated with the child, temporarily, feeling more vulnerable and displaying a slight increase in 'challenging' behaviours – before the benefits of therapy emerge.
- **No:** if the child was at risk of exclusion, it may be that the Children's Clinical Lead would not advise therapy until the staff felt able to understand what the child's 'challenging' trauma-related behaviour was communicating and felt suitably equipped to know how to respond from a trauma-informed perspective. It may be that the Children's Clinical Lead might think through with you, what staff needed to feel more resilient, and able to ensure the child was not excluded during any therapeutic intervention.

Does the parent / carer have the ability to manage their own feelings and think about their child's needs with warmth and sensitivity?

- **Yes:** this would be a positive readiness indicator.
- **No:** it may be that the Children's Clinical Lead might think with you how this parent or carer may access suitable support for themselves, before (or in parallel with) their child's therapy - possibly with a CLEAR Psychoeducation and Therapeutic Parenting Support package. If the parent was unable to prioritize their child's needs, then therapy for the child would be less likely to be recommended until the parent had accessed their own support.

Does the child act out any self-harming behaviours or talk about suicidal thoughts?

- **Yes:** where these concerns were significant, the Children's Clinical Lead might recommend that CLEAR was not the appropriate service for this level of risk of harm. The Children's Clinical Lead might advise you to encourage the parent(s) / carer(s) to seek medical advice straight away and signpost you to other agencies (e.g., CAMHS).
- **No:** this would be a positive readiness indicator.