**Somerset Phoenix Project**

**Request for Parent or Carer Therapeutic Support form**

**Please use this form if you are a parent or carer requesting support for yourself.***If you need help to complete this form, please contact us on 07590 627693.*

|  |  |
| --- | --- |
| **Is this the first time you have self-referred to the Somerset Phoenix Project?**  |  |

|  |  |
| --- | --- |
| **Today’s date:** |  |

|  |
| --- |
| **Information About You** |
| **First name:** |  | **Last name:** |  |
| **Age:**  |  | **Date of birth:** |  |
| **Gender identity:** |  | **Sex assigned at birth:** |  |
| **Sexual orientation:** |  | **Marital status:** |  |
| **Religion/belief:** |  |
| **Ethnicity:** |  |
| **Disabilities/allergies/****special educational needs:** *(including physical,* *learning, sensory,* *communication or other needs)* |  |
| **Address:***Must live in the Somerset Council area.*  |  |
| **Phone numbers:** |  |
| **Email:** |  |
| **Can we:*****(mark with an ‘x’)*** | **Call** |  | **Email** |  | **Text** |  | **Leave a voicemail** |  | **Post to your address** |  |

|  |
| --- |
| **Background** |
| **What is your child/young person’s name and age?** |  |
| **Has your child/young person received support from Somerset Phoenix Project (if you know)?** |  |
| **Is your child safe (i.e. no longer experiencing sexual abuse)?** |  |
| **When did the abuse stop?** |  |
| **When did your child tell someone about the abuse?** |  |
| **Is your child/young person involved with CAMHS (Child and Adolescent Mental Health Service)?** *Please state whether past, current or if a referral to CAMHS has been submitted* |  |
| **What relationship did the person who sexually harmed your child/young person have to them?**  |  |
| **What is the current location of the person who caused the sexual harm? (if known)** |  |
| **Is there a current court case or police investigation?** |  |
| **Name of the officer in charge (name, email, phone number) We won’t contact them until we have spoken to you and got your permission. However, providing the information at this stage will speed up your referral** |  |
| **Name of social worker if you have one:** |  |
| **Contact details of social worker:** |  |

|  |
| --- |
| **Your Circumstances** |
| **What has been going on for you?** |  |
| **How has it affected you?** |  |
| **What is going well for you at the moment?** |  |
| **What would you like to be different?** |  |
| **What support have you received?** |  |

|  |
| --- |
| **Your Health** |
| **Do you self-injure or self-harm?**  |  |
| **Do you have suicidal thoughts?**  |  |
| **Have you attempted suicide?** |  |
| **Have you had any thoughts of suicide in the past 6 weeks that you have wanted to act upon?** |  |
| **We need to make sure everybody is safe at the Phoenix Project. Please tell us if there is anything you think we need to know which might put others at risk.** |  |
| **Do you have a mental health diagnosis?** |  |
| **Do you take mental health medication?** |  |
| **Please can you give your GP details?**  |  |
| **Are you getting any support from any other professionals or services?***E.g. social worker, psychiatrist, psychologist, CPN, Talking Therapies, counselling/psychotherapy, GP, support worker* |  |
| **Please let us know of any particular needs we need to be aware of when we contact you or offer you an appointment** |  |

|  |
| --- |
| **What type of parent/carer therapeutic support are you interested in?**We do our best to meet your wishes. It might be that we offer something alternative whilst you wait for your preferred type of support as we do have a short waiting list. ***Mark with an ‘x’ which you prefer, you can pick more than one.*** |
|  | **Counselling** * Term-time only - 16 sessions of individual counselling - run in blocks of 8 weeks with a review.
* It is a safe & confidential space to explore the complexities & feelings associated with your child's abuse.
* Led by you & at your pace. We are happy to explore your past & present experiences.
 |
|  | **Ad-Hoc Support** * Term-time only - one-hour, virtual/phone appointments with our counsellor to explore specific topics/challenges faced when caring for a child or young person who has experienced sexual abuse.
* These are as & when needed for a maximum of 4 slots, spaced out at convenient times.
* This is not counselling but we are happy to explore whatever topics you bring during this time. This space is safe & confidential.
 |
|  | **Therapeutic Advocacy**Support from our Adult Specialist Support worker. This can be ongoing & can be weekly, fortnightly, or monthly. * This support can be the only element of our support you access, or it can sit alongside your counselling support.
* This support can help you to have someone to share your feelings with whilst you are waiting for counselling to begin or it can be to help you gain practical advice around managing the impact of sexual abuse – this could be things like understanding the legal system, dealing with child contact arrangements, understanding the social care system, education, housing or accessing other services such as domestic abuse support.
 |
|  | **Combination / not sure.** We will contact you & arrange to discuss this further so you can make an informed decision regarding your support. You can change your mind at any time. |

All our support is confidential; we will discuss with you our confidentiality and safeguarding policies when we speak with you/begin support.

Our Counselling offer adheres to the BACP guidelines which can be found here: [*BACP Ethical Framework for the Counselling Professions*](https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/)and we will ensure that your confidentiality is prioritized during the support we offer. We will be clear with you in advance of our work together about the possible limitations of confidentiality and we will ensure you have a sound understanding of our commitment to safeguarding children and vulnerable adults.

|  |
| --- |
| **Returning the form & what happens next** |
| **Returning the Form:**Please ensure all boxes are complete.It is best if you can email this form using an encrypted email so that your information is sent securely.If you need access to encryption, please phone us on 07590 627693 or email us and we can help you with this.**Please return the form to:** **somersetphoenixproject@barnardos.org.uk****What happens next?**Once we have received your request for support form you will receive an email to acknowledge receipt. Someone from our therapeutic team will then send you a welcome and wellbeing email, usually within 1-2 weeks. They will make an appointment with you to talk further about the support you would like and gather some more details. We will then look to get your support started as soon as we can. |

**If you don’t hear from us within 5 working days of sending in your form, please call us to check it has arrived in our inbox.**

Somerset Phoenix Project is a partnership between:

