**Referral process for Family Support Practitioner**

*\*Family Support Practitioners (FSP)*

The role of the Family Support Practitioner

**The role of the FSP is to provide early support. The child does not need to have accessed any other services before referring.**

The role of the family support practitioner is to support parents and carers with the range of difficulties they may be experiencing. This may include providing preventative support, advice and guidance to support children with early signs of social, emotional health or behavioural issues as well as signposting to other agencies, and supporting parents to engage with a range of services. This requires working in partnership with parents, carers and pupils to enable pupils to have full access to educational opportunities, and overcome barriers to learning and participation.

Examples of reasons why a child may be referred to the Family Support Practitioner

The child is displaying behaviours that suggest they are struggling with their social, emotional and mental health, as well as other behavioural difficulties. Parents/carers wanting support with how best to support them to ensure they are able to participate in the things they want and need to do in school and at home.

Who can refer to the Family Support Practitioner?

**Anyone.** Parents/carers or anyone working with the child and their family can refer. The parents/carers must consent to this referral.

The process

Once referred, the FSP will carry out an initial assessment to see if the referral is suitable and what intervention can be offered. This will then be discussed with parents/carers. If agreed, the child will be added to the waiting list for intervention. The length of wait is unable to be specified, however we will keep in touch, and do call on the details below if the situation changes or the needs of the child escalate whilst waiting.

As this is a new service, outcome measures and evaluation forms will be used throughout the process to improve the service.

**Family Support Referral Form**

**Date**: ………………………………………………………………………………………………………..

**Name and age of child:** …………………………………………………………………………………………….

**School child attends:**…………………………………………………………………………………….

**Childs GP surgery and Dr (if known)**…………………………………………………………………

**Name (and relation to the young person) of referrer:**……………………………………………..

……………………………………………………………………………………………………………….

**Contact details of referrer:**……………………………………………………………………………...

**Name of parent(s)/carer(s) of child (if different from referrer):**…………………………………………………………………………………………………………………………………………………………………………………………………………………….

**Address/telephone number/email of parent(s)/carer(s)(if different from referrer):**………………………………….………………………………………………………………………………………………………………………………………………………………………………….

**Are parents aware of referral? (Consent must be gained before completing):** Yes/No

**Professionals involved with the child and family (if any):**………………………………………..

……………………………………………………………………………………………………………….

**Does the child or family have a social worker? And if so, current level of support (e.g. Child in Need, Child Protection etc or Early Help):**……………………………………………………………………………………………………….

**Reason for referral:**

**Emotional Regulation** **[ ]**

**Signposting and Advice** **[ ]**

**Zones Group** **[ ]**

**Assessment Referral** **[ ]**

**Behaviour Strategies** **[ ]**

**Other** **[ ]**

**If chose Other Please specify: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Any Additional Comments below:**

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*Thank you for completing the referral. Following receipt of the referral via email or post, the FSP will be in touch to arrange an Initial Assessment which aims to be within 12 weeks.*

**Consent to share information form**

This form is to consent to the family support practitioner may be required to discuss or share information with other professionals. For example, we may contact your child’s GP to inform them of the work that is undertaken, or liaise with their teachers or other professionals involved if required. This is to ensure that we support you in the most effective way. Your personal information will be kept confidential, unless we have concerns and we must share, for example safeguarding concerns.

Please notify us below of anyone you do not wish for us to contact.

Please understand that you can withdraw your consent at any time and must inform the family support practitioner of this.

**Name of child:**……………………………………………………………………………………

**School attended:**………………………………………………………………………………...

**Name of parent/carer:**…………………………………………………………………………

**Signed:**…………………………………………………………………………………………….

**Date:**……………………………………………………………………………………………….

**Names of anyone that you do not wish to be contacted:**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………