**School Family Worker**

**Referral Form**

**Family Support Service**

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| **SCHOOL NAME:** |
| **Which service are you requesting?** **Family Support** [ ]  **Families First Assessment (FFA)** [ ]  |

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| **Details of Main Student:** |
| Name:       | Date of Birth:       Age:      |
| Address:      | Year Group:       |
| Gender: Male [ ]  Female [ ]  Other: [ ]  |
| Ethnicity:       |
| Religion:       |
| Disability:      |
| First Language:      |

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| **Please list all siblings related to main student: No Siblings:**[ ]  |
| **Name:**  | **Same Address:****Y/N** | **School:** | **DOB:**  | **Gender:** |
|       |       |       |       |       |
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| **Parent/ Carers Details:** |
| 1. Name:
 | Gender: Male [ ]  Female [ ]  Other: [ ]  |
| Address (If different from Child):      | DOB:       |
| Contact Number:      |
| Email:       |
| Parental Responsibility: Yes [ ]  No [ ]  | Religion:      Ethnicity:      |
| First Language:      | Disability:      |

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| **Parent/ Carers Details:** |
| 1. Name:
 | Gender: Male [ ]  Female [ ]  Other: [ ]  |
| Address (If different from Child):      | DOB:       |
| Contact Number:      |
| Email:       |
| Parental Responsibility: Yes [ ]  No [ ]  | Religion:      Ethnicity:      |
| First Language:      | Disability:      |

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| **School Details:** |
| School Contact (Referrers) Name:      | Contact Phone Number:      |
| Contact Email:      | Pupil UPN:      |
| What is the reason for your referral?Please outline your concerns:      |

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| **What is the need for the student?** |
| ADHD/ ASD/ SEND [ ] Attendance [ ] Domestic Abuse [ ] Educational Need [ ] Mental Health/ Emotional Wellbeing [ ] Family Relationships [ ] Finance [ ] Parenting [ ]  | Health/Medical- Child [ ] Health/ Medical- Parent [ ] Housing [ ] Safeguarding [ ] Risk of Exclusion [ ] Worklessness [ ] Substance Misuse- Child [ ] Substance Misuse- Parent [ ]  | School Transition [ ] Young Carer [ ] School Refusal [ ] LGBTQ+ [ ] Unknown/Other [ ]  |

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| **Primary Need:** |
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| **Secondary Need:** |
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| **Other services involved with the child/family:** |
| **Name of Organisation**  | **Contact Name**  | **Contact Number / Email** | **Details of service carried out with child/ family** |
|       |       |            |       |
|       |       |            |       |
|       |       |            |       |

**Consent:**

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| **Vista Code of Conduct:** |

**What can you expect from your School Family Worker?**

* To engage with parents to build and maintain effective, supportive and empowering relationships.
* Agree with parents, school and agencies the aims and purpose of work with parents.
* Empowering families to make and sustain lasting positive change.
* Support families to make links to community, universal services and specialist services.
* Helping families understand each other and improve their relationships.
* Offer emotional and practical support.
* Work alongside families to establish routines and behaviours that make family living more positive.
* Delivery of parenting programmes and alternative individual structured support.
* Develop physical and emotional skills.
* Operate within policy, legal, ethical and professional boundaries.
* Develop and maintain professional competence as a parenting practitioner.

**What do we expect from you?**

* Engagement with the School Family Worker to build and maintain effective, supportive and empowering relationships
* Agree with the School Family Worker the aims and purpose of work.
* To attend meetings as agreed with the School Family Worker.
* To give as much notice as possible should the appointment need to be cancelled.
* Be open, honest and transparent in sharing of information.
* Take responsibility for implementing agreed strategies and sustaining change.
* Use respectful language.

**VISTA staff reserve the right to withdraw from the service or close meetings should inappropriate behaviour be displayed. School Family Workers regularly review cases with the referrer. Should a Parent/Carer choose not to engage with the services offered, the service could be withdrawn**.

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| **Consent:** |

Consent and Information sharing – Parent/ Carer consent is required to enable information sharing with the identified service.

I have read and agree with the information on the referral and understand that the information contained in this form will be shared with Vista St Albans and Families First Early Help.

* I agree to the request and give consent for Student Support Yes [ ]  No [ ]
* I agree for Vista St Albans to work with my child/ren and /or me as parent/carer Yes [ ]  No [ ]
* I understand I can withdraw consent at any time. Yes [ ]  No [ ]
* I understand that Vista staff follow Hertfordshire Safeguarding procedures and should a
* disclosure be made it will be passed to the relevant Designated Safeguarding Lead. Yes [ ]  No [ ]

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| Name of Student: |        |
| Parent/ Carer Name:  |        |
| Parent/ Carer Signature: |       Date:      |

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| Please email this completed form to: **referrals@vistastalbans.org.uk**The form must be completed in a Word Document- Only the signed consent page is to be scanned separately.For help and assistance filling out this form please call: **01727 519128** |

All Vista St Albans staff are DBS checked and attend regular safeguarding training as well as their relevant qualifications.

Vista is GDPR compliant. Our ICO registration number is ZA354653