

Dear Colleague

The Great Yarmouth Family Support Team has now been active for four years. We have received over 750 referrals in that time and have provided a preventative service to school age children and their families in Great Yarmouth and the surrounding areas, who otherwise would not have met thresholds for other agencies. The referral criteria continue to prioritise children with **newly** emerging emotional and/or behavioural problems.

Our work involves

- **Direct work with children and families in their own homes**
- **Children's groups**
- **Regular parenting groups (Webster Stratton)**
- **Information and awareness sessions in schools**
- **Consultations to fellow professionals working with children**

In 2002 Norfolk FST won the National Health and Social Care Award for Access to Primary Care, and in Great Yarmouth we are continuing to develop our service: a new full time worker started in October, and a Health Visitor has been seconded into the Team for a year.

We have appreciated the quality and detail of the referrals and consultations made to the Family Support Team. This has been invaluable in enabling us to provide the most appropriate services to children and families.

We look forward to continuing to work with you during this next stage in the development of the Family Support Team service

Please copy the enclosed (new & shorter) referral form for future use and ***destroy all previous copies.*** Also available in pdf, on request to anne.mann@norfolk.gov.uk

Ian Griffiths
Team Manager,
Great Yarmouth Family Support Team

The Family Support Team works with school age children and their families, where the child has mild or recently emerging emotional, behavioural or mental health problems.

We offer:

- ***telephone consultation for professionals working with children***
- ***direct case work with children and families, which is focused and time limited***
- ***group work with children and parents***

We can also work jointly with other agencies where a case may not directly fit our referral criteria but a specific piece of work can be identified.

Typical referrals would be for families where children and young people have:

- *mild to moderate anxiety*
- *emotional problems*
- *difficulty making or maintaining relationships*
- *low self esteem*
- *behavioural problems of less than one year*
- *reaction to separation, loss or bereavement*

or where the parent would benefit from help in understanding or managing a child.

Children referred should be of school age (4-16) and living within the boundary of the Great Yarmouth Primary Care Trust.

All referrals must be made using the Family Support Team Referral Form. As well as providing useful information to the Team, statistics from the forms are being used by the Department of Health to evaluate our service.

The Family Support Team will not provide a service to children who are:

- *in need of protection or who are looked after by the Local Authority*
- *already receiving complex levels of intervention from other agencies (Silverwood Centre, Social Services etc)*
- *excluded from school, or whose problems are purely school-based*

If you would like more information about the Family Support Teams or would like to discuss a referral please contact us.

Norfolk Family Support Teams

A Primary Mental Health Service
For children and young people

Great Yarmouth Family Support Team
Ivy House
Burnt Lane (Addison Road)
Gorleston on Sea
Great Yarmouth
Norfolk
NR31 0PA

Tel: 01493 602537
Fax: 01493 602533



REFERRAL FORM

Referrer Name		Profession	
Address			
.....		Post Code	
Tel		Email	
Fax			
Child's Name		D.O.B.	
		<input type="checkbox"/> Male	
		<input type="checkbox"/> Female	
Address			
.....		Post Code	
Tel			
Family Members and relationship to child (include step parents, absent parents and sibling with d.o.b. or age)			
.....			
.....			
.....			
School attended			
<input type="checkbox"/> Attending			
<input type="checkbox"/> Attendance Problems		<input type="checkbox"/> Exclusions	
This child is also known to:			
<input type="checkbox"/> School Health Advisor/ Health Visitor		<input type="checkbox"/> Social Services	
<input type="checkbox"/> Paediatricians			
<input type="checkbox"/> Education Support Services		<input type="checkbox"/> Tier 3 CAMHS (Thurlow, Bethel, Silverwood, Bury St Edmunds)	
<input type="checkbox"/> Other			
I have been advised by Tier 3 CAMHS (Thurlow House, Bethel, Silverwood, Bury St Edmunds) to refer to you			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	

Ethnic Origin of child:															
<input type="checkbox"/> White British	<input type="checkbox"/> White Irish	<input type="checkbox"/> Other White	<input type="checkbox"/> Indian												
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Black Caribbean												
<input type="checkbox"/> Black African	<input type="checkbox"/> Other Black background	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other ethnic group												
<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> White and Black Asian	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Any other mixed background												
Problem referred: (should be mild or recently emerging) <table border="0"> <tr> <td><input type="checkbox"/> Behaviour problem less than 1 year</td> <td><input type="checkbox"/> Reaction to separation/loss</td> </tr> <tr> <td><input type="checkbox"/> Anxiety symptoms</td> <td><input type="checkbox"/> Reaction to trauma</td> </tr> <tr> <td><input type="checkbox"/> Low self esteem</td> <td><input type="checkbox"/> Difficulty with relationships</td> </tr> <tr> <td><input type="checkbox"/> Aggressive behaviour</td> <td><input type="checkbox"/> Emotional difficulties</td> </tr> <tr> <td><input type="checkbox"/> Problems at school</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Parents need help understanding or managing the child</td> <td></td> </tr> </table>				<input type="checkbox"/> Behaviour problem less than 1 year	<input type="checkbox"/> Reaction to separation/loss	<input type="checkbox"/> Anxiety symptoms	<input type="checkbox"/> Reaction to trauma	<input type="checkbox"/> Low self esteem	<input type="checkbox"/> Difficulty with relationships	<input type="checkbox"/> Aggressive behaviour	<input type="checkbox"/> Emotional difficulties	<input type="checkbox"/> Problems at school		<input type="checkbox"/> Parents need help understanding or managing the child	
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Please write about the child/young person. Include a description of the presenting problem, any relevant history and measures tried so far. Please include both the child's and the parents' views. <i>You can complete this section on a separate letter if that is easier.</i>															
Any issues with the following that we need to be aware of? ethnicity culture language disability sexuality gender literacy															
<input type="checkbox"/> I have spoken to the parent/carer about this referral and they agree <input type="checkbox"/> I have spoken to the child/young person about this referral and they agree															
Signed Date															