

# Symbol Family Support Services



## WHO ARE WE?

Symbol Family Support Services Ltd was formed in 2001 to provide:

- National Assessment and Advisory Services
- Residential Assessment Services
- Community Housing and Support Services

Symbol Family Support Service aims to promote the value of family life for parents who have special needs. Through bringing together a specialist team of expert practitioners Symbol offers a unique service to clients who themselves encounter disability and resulting social exclusion.

## WHAT CAN WE PROVIDE?

Our service can provide a range of services aimed at helping professionals to make informed decisions about the short and long term care of children.

We offer formal assessments, community support programmes and training sessions to develop professional teams understanding of how to effectively work with parents with learning disabilities.

## WHY SHOULD YOU CONTACT SYMBOL FAMILY SUPPORT SERVICES?

We are experts in working with parents who have learning disabilities. Their needs are such that they require specialised support from a range of professionals. At Symbol we have an unrivalled multi-disciplinary, expert team which includes a consultant grade clinical psychologist, senior social work practitioners, health visitors and nurse advisors, specialist speech and language therapists, a psycho-drama therapist, counsellor and nursery nurses.

We have proven success in working with parents with learning difficulties, with approximately 70% of our clients successfully completing full parenting assessments with us.

**For more information on our services please visit  
[www.symbolfss.org](http://www.symbolfss.org)**

## Frequently Asked Questions

On a daily basis, the administration team in our Head Office deal with your Frequently Asked Questions about our Assessment Process. We hope that the following information will answer any initial questions that you have.

### Will my client meet your criteria?

Our criteria for assessment are that one or both parents must have a diagnosed learning disability.

### How do I refer my client to your service?

Please complete the questionnaire in this pack and return it to our Head Office.

### Would you consider my client for a Residential Assessment?

Before we admit a family into one of our residential units, the assessment team will carry out a Preliminary Assessment to look at the merits of carrying out a full parenting assessment. Except on rare occasions all referrals to our service begin with this type of Assessment.

### What is a Preliminary Assessment?

This type of Assessment allows us to assess whether we believe there is merit in the family undergoing a full parenting assessment within the residential unit or in a community setting. During this assessment we review all available documentation, interview the client and observe them in contact with their child(ren) wherever possible.

### How long does a Preliminary Assessment take?

Usually, we will be able to file a report within six—eight weeks from receipt of a letter of instruction. If we are instructed to answer extra questions from the parties, which indicate to us that extra work needs to be carried out, our timescales for filing our report may increase. Timescales will be confirmed on receipt of the instruction.

Due to the demand on our services it is vital that referring agents check with us as to the appropriateness of any timescales that we can offer. Whilst we will always endeavour to be helpful and are mindful

of ever pressing timescales, Symbol cannot be responsible for achieving deadlines that have not been agreed in advance.

### **What is a Community Assessment?**

Sometimes we may recommend a further detailed assessment, not within our residential unit but in the clients own home, over a shorter timescale.

### **What is a Cognitive Assessment?**

A Cognitive Assessment is an assessment of the intellectual ability of a person based upon the results gained from the administration of a standardised psycho metric instrument. This is not a full Psychological Assessment, although we can undertake Psychological Assessments if instructed to do so.

### **How many clients successfully pass through the Initial Assessment stage to participate in a Residential Assessment?**

In approximately 60% of our Preliminary Assessments we go on to offer a full parenting assessment which includes our recommendation as to the most appropriate model of assessment, i.e. community or residential. In the remaining percentage of cases we either recommend alternative services to ourselves or do not recommend that any further assessment is indicated.

### **What are your costs for carrying out an assessment?**

As soon as we are provided with the nature of the instruction and we are able to estimate the work that will need to be undertaken and the time to do so, we will be able to provide an estimate of costs.



## SYMBOL FAMILY SUPPORT SERVICES LTD REFERRAL FROM

Please complete this form as fully as possible and return to Symbol Head Office by post or via fax on 01795 844414

### DETAILS OF REFERRING BODY

Solicitor / Local Authority Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel No: \_\_\_\_\_ Email \_\_\_\_\_

Fax No: \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_ Reference No: \_\_\_\_\_

### DETAILS OF FAMILY

Parent(s) Name(s): \_\_\_\_\_

No of Children: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Status of Children:

Unborn Due Date: \_\_\_\_\_

With parent

With family member \* Please specify: \_\_\_\_\_

In Local Authority care Placement Date: \_\_\_\_\_

\* Please indicate weekly contact schedule: \_\_\_\_\_

Please indicate number of adults expected to be included  
in the assessment \_\_\_\_\_

Please indicate number of children expected to be  
included in the assessment \_\_\_\_\_



## INFORMATION CONCERNING THE PARENTS

Has parent been diagnosed with a learning disability?

Yes / No

Please provide WAIS Scores

Verbal \_\_\_\_\_

Performance \_\_\_\_\_

Full Score \_\_\_\_\_

Has parent been diagnosed with mental health problems?

Yes / No

Please provide specific information

Does parent have any issues with alcohol or substance abuse?

Yes / No

Please provide specific information

Does parent have a criminal record (spent or unspent)?

Yes / No

Please provide specific information

Please outline the main concerns surrounding this family:



## ASSESSMENT SPECIFIC INFORMATION

Has parent had any previous assessments?

Yes / No

Please indicate what type and date of:

Please indicate the volume of Documents for this family: \_\_\_\_\_

At this time, what type of Assessment do you consider you require?  
(More than one may be indicated)

- |  |  |
|--|--|
| <input type="checkbox"/> Document Review         | <input type="checkbox"/> Cognitive     |
| <input type="checkbox"/> Preliminary             | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Community               |  |
| <input type="checkbox"/> Residential Preliminary |  |

[Please refer to our Brochure for full details of our assessments.](#)

Please indicate the desired filing date: \* \_\_\_\_\_

\* Filing date will be 6-8 weeks from receipt of letter of instruction and will be confirmed at this time

Please advise dates of Court Hearings: \* \_\_\_\_\_

\* Members of the Assessment team are not available for Court attendance unless requested in writing

Please provide any additional information to help us process your referral