**Lifelong Links FGC Referral**

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| Version | 2024/02 |
| Date | 23/07/2024 |
| Person | FGC Manager |

**Before completing a referral, the social worker must speak to the Lifelong Links Coordinator or their Manager about the appropriateness of the referral. This will avoid unnecessary work and ensure the viability of the referral. For some young people it may be helpful for a coordinator from the Lifelong Links service to meet with the young person and / or others with parental responsibility to explain the Lifelong Links process in more detail prior to their agreeing to the referral. Consent Must be gained before the referral is submitted.**



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| **Referrer details**  | **Date**  |  |
| **Name**  |  | **Direct contact number:** |  |
| **Job Role** |  | **Email Address** |  |
| **Has this been discussed with the young person and consent gained?** | **Yes** [ ]  **No** [ ]  | ***If you have selected ‘No’ please contact the FGC Manager for a discussion before progressing the referral.*** |
| **Are you available to meet with the co-ordinator within 7 working days of this referral? Please circle**  | **Yes** [ ] **No** [ ]  **\*\*Please state why** |
| **Current living arrangements of young person(s)– Please Circle****Foster Care (LA)** [ ]  **Foster Care (Kinship)** [ ]  **Residential** [ ]  |

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| **Young Person(s) details** |  |
| **Surname**  | **Forename** | **PID number** | **DOB - Age** | **Gender** | **Current Address** **(NB full postcode)** | **School** | **Additional Needs** |
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| **Family Members in contact with the young person(s)** |
| **Surname** | **Forename** | **DOB (if known)** | **Gender**  | **Current Address (NB full postcode)** | **Contact number** | **Additional needs**  |
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| **Other family members known to services** |
| **Surname** | **Forename** | **DOB (if known)** | **Gender**  | **Current Address (NB full postcode)** | **Contact number** | **Additional needs**  |
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| **Carer’s details** |
| **Surname** | **Forename** | **DOB (if known)** | **Gender**  | **Current Address (NB full postcode)** | **Contact number** | **Additional needs**  |
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| Has Life story work been completed with the young person? | Yes [ ]  No [ ] \*If ‘No’ please contact the FGC manager for a discussion |
| What would the young person(s) like from their Lifelong Links FGC? |
| What is working well? |
| What are you worried about? |
| Are there any orders/restrictions/risks in place relating to the family?No Yes \* (please give further details) |
| Please list care plans and chronologies completed |
| **Please read information below and tick to agree****A planning meeting must be held with the FGC Lifelong Links Coordinator, FGC Team Manager, Social Worker and Practice Supervisor,IRO and carer where appropriate. The following must be considered…**1. **Key Objectives**
2. **Information that the referrer will need to provide to the family.**
3. **Any constraints/risk elements**
4. **Participation and support needs of the young person(s) and how they will be assisted to prepare for the Lifelong Links Work including offer of an advocate**
5. **Support needs of the young person’s care**
6. **Any ongoing consent issues**
7. **Next steps, including where to start mapping**
8. ***A Chronology needs to be provided***
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| **Do any of the network have specific needs in relation to the Lifelong Links Family Group Conference? *If you choose yes for any of the questions below, please provide more details.***  |
| Is an interpreter/ signer required? | No/Yes  | Do any of the family members have a disability? | No/Yes |
| Are there any specific health/ medical needs? | No/Yes  | Are there any dietary needs, including allergies? | No/Yes |
| Are there any literacy needs? | No/Yes | Are there any religious or cultural needs? | No/Yes |
| Is a child/adult advocate needed? | No/Yes |  |  |

Referrer Signature: Email form to: **FGCReferrals@nelincs.gov.uk** |