**Family Group Conference Referral** 

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

|  |  |  |
| --- | --- | --- |
| **Referrer details**  | **Date**  |  |
| **Name**  |  | **Direct contact number:** |  |
| **Job Role** |  | **Email Address** |  |
| **All the information in this form will be shared with everyone involved in the Family Group Conference (GDPR compliance will be followed) . Please give consent for this to happen in order for this referral to progress** | **Yes** [ ]  **No** [ ]  | ***If you have selected ‘No’ please contact the FGC Manager for a discussion before progressing the referral.*** |
| **Do you have consent from the person(s) with parental consent?** | **Yes** [ ]  **No** [ ]  | ***Please gain consent before progressing*** |
| **Are you available to meet with the co-ordinator within 7 working days of this referral? Please circle**  | **Yes** [ ] **No** [ ]  **\*\*Please state why** |
| **Current status of children– Please Select**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CIN**[ ]  | **CP**[ ]  | **PLO**[ ]  | **CLA (LA)**[ ]  | **CLA (Family)**[ ]  |

 | **Predicted status of children if nothing changes – Please Circle**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CIN**[ ]  | **CP**[ ]  | **PLO**[ ]  | **CLA (LA)**[ ]  | **CLA (Family)**[ ]  |

 |

|  |  |
| --- | --- |
| **Children** |  |
| **Surname**  | **Forename** | **PID number** | **DOB - Age** | **Gender** | **Current Address** **(NB full postcode)** | **School** | **Diagnosed Additional Needs** |
|  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| **Key Family Members**  |
| **Surname** | **Forename** | **DOB** | **Gender**  | **Current Address (NB full postcode)** | **Contact number** | **Relationship to children**  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Reason for referral**

Domestic violence

Physical Harm

Substance misuse

Mental health

Neglect

Contact

Permanency planning

Reunification

Relationship building

Sexual abuse

|  |
| --- |
| **What are your concerns? Please choose from the list to the right**  |
| Primary |  |
| Secondary |  |
| Tertiary |  |

|  |
| --- |
| **What outcomes do you want from the FGC?** |
| **What is working well?** |
| **What are you worried about?** |
| **Are there any orders/restrictions/risks in place relating to the family? Please provide details.** |
| **What questions do you want the family to focus on in the FGC?** |
| **What will happen if nothing changes?**  |
|

|  |
| --- |
| **Do any of the family members have specific needs in relation to the 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** |