**Family Group Conference/Mediation Referral Form**

(Working in partnership with families and professionals to promote safe and sustainable outcomes for children and young people, working WITH, not doing TO or FOR)

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| Referrers Name:  | Date of Referral:  |
| Job Title & Team:  | Date of Re-Referral:  |
| Line Manager:  | Has the Referral been discussed with the family: YES/NO |
| Contact Information:  | Name & Contact Details of Guardian:  |
| Name & Contact of IRO/CP Chair:  | Name & Contact Details of Family & Friends Worker:  |
| Name & Contract Details of Foster Worker:  | Does the Child/YP require an Advocate: YES/NO |
| Name & Contact Information of other Agencies Involved: |  |
| Name & Contact Information of other Agencies Involve |  |
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| Name of Child(ren):  | Address:  | Tel.No. | DOB | Gender(M/F) | Ethnicity |
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| Names of those with Parental Responsibility: |  |  |  |  |  |
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**Family and all known Extended Family:** (including significant others i.e. friends/neighbours/church members etc.)

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| Name: | Address: | Tel. No. | Email: | Ethnicity/Age | Relationship |
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**Child(rens)/Young Person Current Situation** (Please Tick and information where appropriate)

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| Child In Need:  | Accommodated Foster Care/Residential Unit/Section 20/Reg 24:  |
| Child Protection Conference to be held: Date:  | CP Plan in Place: Category:  |
| Care Proceedings Underway:  | Section 31 Interim Care Order in Place: Date:  |
| Section 33 – Care Order in place: Date:  | Family Receiving Early Help Support:  |

**Reason for Referrals** (Please Tick and add information where appropriate)

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| --- | --- |
| Family Support to Prevent CPC:  | To prevent LA accommodation:  |
| Family Support to prevent Care Proceedings:  | Looking for alternative Care in Care Proceedings:  |
| CSC Seeking alternative Care with Family/Friends:  | Develop a Supportive Plan to end involvement:  |
| Family Support to allow Children to return/remain at home:  | Requested by Court:  |
| Parental Conflict due to Separation and/or Domestic Abuse:  |  |

**Summary of Risks (based on the Strengthening Families Model** (Working WITH families, not doing TO or FOR)

Including identified risks and how these will be managed

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| **Historical Factors/Background** | **Risks/Concerns** | **Protective Factors/Strengths** | **Outcomes Required from FGC** |
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| **The ‘Key Areas for Change’**The key area(s) that needs to change for and why? |
| **Areas for Change** | **Why?** |
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**Are there any significant meetings due to take place i.e. Court Hearing, ICPC, Core Group Meetings etc., Please provide details and include dates:-**

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**Action to be taken forward by Children’s Social Care if the FGC Plan or Mediation Agreement does not achieve required outcomes?**

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| **Child Protection Conference:** | **Accommodation Sec 20:** |
| **Legal Discussions with a view to Care Proceedings:** | **Reg 24 Placement:** |
| **Continue with Legal proceedings i.e. PLO:** | **Other (please specify):** |

**The ‘Voice’ of the Child**

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**Consent:**

The Family Group Conference (FGC) and Mediation are voluntary processes, and you have the right to withdraw at any stage. If you would like to have an FGC concerning your child(ren), please read the following and sign at the bottom of the form.

* I/We agree that the information within this referral can be shared with the family and friends who have been identified by the child/young person/parent/carer.
* I/We understand that the information that is recorded on the Referral will only be used for the purpose of providing services to support the child/young person.
* I/We agree that the Family Plan/Mediation Agreement should be shared with the Independent Reviewing Officer, or Child Protection Chair, Guardian, if applicable.
* I/We agree to take part in the FGC/Mediation process to support the plans and decisions agreed in the meeting.

 **Family Member       Social Worker:       FGC Independent Co-ordinator:**