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| *(Office Use Only)* **Date Received: Date Allocated: Allocated FGC Facilitator: Barnardo’s Case Number:** |

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**Family Group Conference Service - Referral Form**

**Barnardos Northamptonshire Family Group Conference Service**:

**Email:** fgcnorthamptonshire@barnardos.org.uk

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| 1. **BUSINESS SUPPORT** *(Social Worker-please tick)*
 |
| Department | Email address | Tick | Department | Email address | Tick |
| CIC   NorthAdmin | ChildreninCareNorth@nctrust.co.uk |  | CIC West LACSth | LACSthAdminRequest@northamptonshire.gov.uk |  |
| Safeguarding Penrith | LocalitiesSafeguardi@childrenfirstnorthamptonshire.co.uk |  | Safeguarding Dav | daventryadmin@nctrust.co.uk |  |
| Safeguarding William Knibb | LocalitiesSafeguardi@childrenfirstnorthamptonshire.co.uk |  | Safeguarding OAS | S&CPSadmin@nctrust.co.uk |  |
| LocalitiesSFEHNorth&East | LocalitiesSafeguardi@nctrust.co.uk |  |  |  |  |
| Safeguarding Corby | GRCCAdmin@northamptonshire.gov.uk |  | DCT | DCT@nctrust.co.uk |  |
| Duty & Assessment 1 | FirstResponseTeam1@northamptonshire.gov.uk |  | Duty & Assessment 2 | FirstResponseTeam2@northamptonshire.gov.uk |  |
| Duty & Assessment 3 | FirstResponseTeam3@northamptonshire.gov.uk |  | Duty & Assessment 4 | FirstResponseTeam4@northamptonshire.gov.uk |  |
| Duty & Assessment 5 | FirstResponseTeam5@northamptonshire.gov.uk |  | Duty & Assessment 9 | FirstResponseTeam9@northamptonshire.gov.uk |  |
| MASH | MASH@northamptonshire.gov.uk |  | DABS | FRTTM@nctrust.co.uk |  |

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| 1. **FAMILY DETAILS:**

**KEY FAMIY MEMBERS INCLUDE: CHILDREN/PARENTS/CARER/EXTENDED FAMILY NETWORK.** *(Please continue on a separate sheet and attach to this referral form if required)* |
| **Local Authority Reference Family Number:** |
| **Care First Family I.D:** | **Child 1:** | **Child 2:** | **Child 3:** | **Child 4:** |
| **Full Name****(All Family Members)** | **Address & Phone Number** | **D.O.B/ E.D.D** *(Expected Date of Delivery)* | **Relationship in Family** | **School/ Nursery Attended** | **Gender** | **Disability** *(\*see section 8)* | **Ethnicity***(\*see section 8)* | **Religion***(\*see section 8)* | **Sexuality***(if age appropriate to answer)* |
| *Child 1* |  |  |  |  |  |  |  |  |  |
| *Child 2* |  |  |  |  |  |  |  |  |  |
| *Child 3* |  |  |  |  |  |  |  |  |  |
| *Child 4* |  |  |  |  |  |  |  |  |  |
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| 1. **FAMILY HISTORY**
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| Brief Background and History of Family: |  |
| Worries:Please outline current worries about the child(ren) |  |
| Strengths/Success of the family: |  |
| What has to change within what timescales: |  |
| What is the bottom line e.g What will happen if the family cannot agree a plan: |  |
| **Safety Scale** *(Please Scale)*0\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_10On a scale where 10 means everyone is confident that the children are safe enough for child protection services toclose the case and 0 means that there is not enough safety for the children to live at home where do we rate the situation? |

**Core Questions Addressed in FGC:**

1. What support can the family network provide to help ensure that the child(ren) can live in a sustainable, safe and well cared for environment with parent(s).
2. If assessments show that it is not possible for child(ren) to live with parent(s), who, within the wider family network, is willing to put themselves forward to provide suitable, safe and sustainable care for the child(ren). What support can others in the family network offer to those putting themselves forward to care for the child(ren).
3. If family cannot offer suitable care for the child(ren), what contact would the family network like with the child(ren) if it is possible.
4. If siblings are to move from their family home and cannot live together, how can the family network ensure that the siblings remain in contact with each other if this is possible.

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| 1. **SPECIFIC NEEDS:**
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| Do any family members have any specific needs in relation to the Family Group Conference? | Further Information: |
| Interpreter/signer required? *(please state language)* | Yes/No |  |
| Do any have specific health/medical needs? | Yes/No |  |
| Are there any literacy needs? | Yes/No |  |
| Do any have disability needs? | Yes/No |  |
| Are there any specific dietary needs? | Yes/No |  |
| Are there any specific religious or cultural needs? | Yes/No |  |
| Are there any other needs to consider? *(please state)* |

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| 1. **RISK ASSESSMENT:**
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| Please share any relevant information if any of the following applies either currently or historically within the Family. | Further Information: |
| Domestic Abuse | Yes/No |  |
| Verbal or Physical Aggression | Yes/No |  |
| Sexual Abuse/Sexual Exploitation or Vulnerable Relationships | Yes/No |  |
| Alcohol/Substance Misuse | Yes/No |  |
| Emotional/ Mental Health or Self Harm Issues | Yes/No |  |
| Offending Risky and or Anti Social Behaviour | Yes/No |  |
| Bullying and Harassment | Yes/No |  |
| Environmental/ Housing Risks | Yes/No |  |
| Risks Assoiciated with Pets *(please also state any pets)* | Yes/No |  |
| Other |  |

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| 1. **KEY AGENCIES INVOLVED:**
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| **Job Role:** | **Name:** | **Organisation & Contact Number:** | **Current Involvement:** | **Can They Be Contacted for Further Information?** |
|  |  |  |  | **YES/NO** |
|  |  |  |  | **YES/NO** |
|  |  |  |  | **YES/NO** |
|  |  |  |  | **YES/NO** |

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| 1. **SOCIAL WORKER DETAILS & CONSENT:**
 |
| **Name:** **Job Title:** **Name of Line Manager:** **Job Title of Line Manager:**  | **Date of Referral:** |
| **Address:** **Postcode:** | **Telephone:** **Work Mobile:****Fax:****Email:** |
| **Tick to confirm that the family consent to a referral being made to Barnardo’s FGC Service** [ ] It is very important to ensure that the Family Group Conference process has been fully explained to key family members by the Social Worker, and that they have given their consent for this referral to be made. **Date pre-proceedings letter was issued:­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Tick to confirm that the family have received the PLO/pre-proceedings letter**  [ ] *(FGC facilitators are not able to begin work if the PLO Letter has not been given to the family.)***Referrer please note:** The information in this form will be shared with the family during the preparation period. We request that the Social Worker attend the Family Group Conference and Review.**Signature of referred Parent/Carer: Date:** **Signature of Referrer (Social Worker): Date:**  |
| **PLEASE RETURN THIS COMPLETED FORM TO:** fgcnorthamptonshire@barnardos.org.uk **Please also use this address for any further queries.** |

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| 1. **RELIGION/DISABILITY/ETHNICITY**
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| **RELIGION**AgnosticAnglicanAtheistBaptistBuddhistCatholicChristianChurch of EnglandChurch of ScotlandChurch of WalesEcumenicalHinduJehovah’s WitnessJewishJewish OrthodoxMethodistMormonMuslimNon Practising ChristianNon PractisedNot SpecifiedOther ChristianOtherPentecostal ProtestantRastafarianSerbian OrthodoxSeventh Day AdventistSikhSpiritualistPrefer not to sayData being sought | **DISABILITY**Autistic Spectrum ConditionBehaviourally Based DisabilityCommunication ImpairmentComplex Sensory ImpairmentComplex Needs Excluding Invasive CareComplex Needs Including Invasive CareHearing ImpairmentLearning DisabilityMental ill Health Lasting more than 12 monthsNonePhysical ImpairmentSight ImpairmentPrefer not to sayData being sought | **ETHNICITY**White - British White – IrishWhite – Any other backgroundAsian - BangladeshiAsian – IndianAsian – PakistaniAsian – ChineseAny other Asian backgroundBlack – AfricanBlack – CaribbeanAny other Black backgroundMixed/Multiple – White/Asian Mixed/Multiple – White/Black CaribbeanAny other mixed/multiple backgroundArabTravellerOther Ethnic GroupsPrefer not to sayData being sought |