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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](mailto: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 | [Children](mailto:ChildreninCareNorth@childrenfirstnorthamptonshire.co.uk)inCareNorth@nctrust.co.uk |  | CIC West LACSth | [LACSthAdminRequest@northamptonshire.gov.uk](mailto:LACSthAdminRequest@northamptonshire.gov.uk) |  |
| Safeguarding Penrith | [LocalitiesSafeguardi@childrenfirstnorthamptonshire.co.uk](mailto: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](mailto:FirstResponseTeam1@northamptonshire.gov.uk) |  | Duty & Assessment 2 | [FirstResponseTeam2@northamptonshire.gov.uk](mailto:FirstResponseTeam2@northamptonshire.gov.uk) |  |
| Duty & Assessment 3 | [FirstResponseTeam3@northamptonshire.gov.uk](mailto:FirstResponseTeam3@northamptonshire.gov.uk) |  | Duty & Assessment 4 | [FirstResponseTeam4@northamptonshire.gov.uk](mailto:FirstResponseTeam4@northamptonshire.gov.uk) |  |
| Duty & Assessment 5 | [FirstResponseTeam5@northamptonshire.gov.uk](mailto:FirstResponseTeam5@northamptonshire.gov.uk) |  | Duty & Assessment 9 | [FirstResponseTeam9@northamptonshire.gov.uk](mailto:FirstResponseTeam9@northamptonshire.gov.uk) |  |
| MASH | [MASH@northamptonshire.gov.uk](mailto:MASH@northamptonshire.gov.uk) |  | DABS | [FRTTM@nctrust.co.uk](mailto: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** | |
| 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_10  On a scale where 10 means everyone is confident that the children are safe enough for child protection services to  close 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:** | | |
| 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:** | | |
| 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:** | | | | |
| **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](mailto:fgc.northhamptonshire@barnardos.org.uk) **Please also use this address for any further queries.** | |

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| 1. **RELIGION/DISABILITY/ETHNICITY** | | |
| **RELIGION**  Agnostic  Anglican  Atheist  Baptist  Buddhist  Catholic  Christian  Church of England  Church of Scotland  Church of Wales  Ecumenical  Hindu  Jehovah’s Witness  Jewish  Jewish Orthodox  Methodist  Mormon  Muslim  Non Practising Christian  Non Practised  Not Specified  Other Christian  Other  Pentecostal  Protestant  Rastafarian  Serbian Orthodox  Seventh Day Adventist  Sikh  Spiritualist  Prefer not to say  Data being sought | **DISABILITY**  Autistic Spectrum Condition  Behaviourally Based Disability  Communication Impairment  Complex Sensory Impairment  Complex Needs Excluding Invasive Care  Complex Needs Including Invasive Care  Hearing Impairment  Learning Disability  Mental ill Health Lasting more than 12 months  None  Physical Impairment  Sight Impairment  Prefer not to say  Data being sought | **ETHNICITY**  White - British  White – Irish  White – Any other background  Asian - Bangladeshi  Asian – Indian  Asian – Pakistani  Asian – Chinese  Any other Asian background  Black – African  Black – Caribbean  Any other Black background  Mixed/Multiple – White/Asian  Mixed/Multiple – White/Black Caribbean  Any other mixed/multiple background  Arab  Traveller  Other Ethnic Groups  Prefer not to say  Data being sought |