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Description automatically generated with low confidence

FAMILY GROUP CONFERENCE REFERRAL FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referrer’s Name** | **Team** | **Office No/**  **Mobile Tel** | **Email** | **Working Hours/**  **Availability**  **(Incl annual holiday)** |
|  |  |  |  |  |
| **Team Manager’s Name** | **Office No/ Mobile Tel** | | **Email** | |
|  |  | |  | |
| **Assistant Team Manager’s Name** | **Office No/ Mobile Tel** | | **Email** | |
|  |  | |  | |
| **Business Support Name** | **Office No/ Mobile Tel** | | **Email** | |
|  |  | |  | |
| **Child Protection Chair Name** | **Office No/ Mobile Tel** | | **Email** | |
|  |  | |  | |

**ReferRed Child/ren:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Referred Child’s Name** | **D.O.B** | **Gender** | **Child ID Number** | **School Name** | **Status of Child** | **Ethnicity** | **Orders** |
|  |  | Please select |  |  | **Please select** | Please select | Please select |
|  |  | Please select |  |  | **Please select** | Please select | Please select |
|  |  | Please select |  |  | **Please select** | Please select | Please select |
|  |  | Please select |  |  | Please select | Please select | Please select |
|  |  | Please select |  |  | Please select | Please select | Please select |
|  |  | Please select |  |  | Please select | Please select | Please select |

**OTHER Children IN THE FAMILY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DOB** | **Gender** | **Ethnicity** |
|  |  | Please select | Please select |
|  |  | Please select | Please select |

**Current caregiver/s:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship** to referred child/ren | **Address** including post code | **Phone** | **Email** |
|  |  |  |  |  |
|  |  |  |  |  |

**Parents:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Mother / Father** | **Address** including post code | **Phone** | **Email** | **Ethnicity** |
|  | Please select |  |  |  | Please select |
|  | Please select |  |  |  | Please select |
|  | Please select |  |  |  | Please select |

**Extended family members & Friends:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship**  to referred child/ren | **Address** including post code | **Phone** | **Email** |
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| **Families first language?** |  | |
| **Does the family need a translator? (If yes please include details of translator that has been used previously)** | **Please select** |  |
| **Does the Family have a history of Domestic Abuse?** | | Please select |
| **Are you aware of any Police involvement for Domestic Abuse?** | | Please select |
| **Has the family had police involvement?** | | Please select |
| **Name & contact number of most recent attending Police Officer (within the last year)** | |  |
| **Is the child subject to a CP Plan?**  **If so under what category?** | **Please select**  Please select | |
| **Any there any identified potential risks to the coordinator or family members?** | **Please select** | If yes provide details |
| **Is anyone in the family working with an advocate/keyworker?** | **Please select** | If yes provide details |
| **Contact issues/requirements between parents e.g., any orders in place - Non-Molestation/Police Protection Order** | **Please select** | If yes provide details |
| **Contact issues/requirements between parents & child e.g., Supervised Contacts/Contact Centre** | **Please select** | If yes provide details |
| **Special needs of family/child e.g., disability, SEND?** | **Please select** |  |
| **Are any of the following applicable to this referral?** Please select all that are relevant | **For the Child(ren)**  Please select  Please select  Please select  Please select  Please select  Please select | **For the Adults**  Please select  Please select  Please select  Please select  Please select  Please select |
| **Has the family had an FGC previously?** | Please select | When? Date: |
| **What needs to be addressed/current concerns/ reason for referral?** Please select all that are relevant | Please select  Please select  Please select  Please select  Please select  Please select | |

**Other Agencies or professionals involved with the family:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Job Title** | **Agency** | **Phone** | **Email** |
|  |  |  |  |  |
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| **REASON FOR THE REFERRAL** | | | | |
| Please include a summary of the current situation, concerns and strengths that are relevant to this referral. Please be mindful that the contents of the referral will be shared with family members. Please include proposed questions for the family to consider (please aim for 3-5 questions) | | | | |
| Current situation:  Concerns:  Strengths:  Key Questions: | | | | |

|  |  |
| --- | --- |
| **What would not be acceptable as part of the family plan, any alternative actions CSC may take if the family cannot produce a safe and sustainable plan? (bottom line)** |  |
| **Are there any significant dates i.e., Child Protection Reviews, Core Group Meetings, Court?** |  |
| **Does the meeting have a happen by a particular deadline? If so, when? (Although this can’t be always guaranteed)** |  |

|  |  |
| --- | --- |
| **Have the family consented to information being shared for the Family Group Conference (FGC) preparation? The family must consent to the FGC service contacting them before the referral can be accepted.** | Please select |
| **Date Consent Given:** |  |
| **By Whom:** |  |

|  |
| --- |
| **Family view of referral:** |

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| --- |
| **Young person’s view of referral:** |

|  |  |
| --- | --- |
| **Referring Worker’s signature:** |  |
| **Date:** |  |
| **Team Manager’s signature:** |  |
| **Date:** |  |

***Please note, there is an expectation that the referrer will attend the entire Family Group Conference to agree the plan as safe and sustainable.***

**Please email this referral to:** [**headoffice@daybreakfgc.org.uk**](mailto:headoffice@daybreakfgc.org.uk)

**Any queries please telephone: 02380 696644**