**REFERRAL / CONSENT FORM**

A **Family Group Conference** brings together family and friends, to make plans and decisions that keep children safe and promote their welfare.

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| --- | --- | --- |
| **FORM FGC1** | **First person with****parental responsibility** | **Second person with****parental responsibility** |
| **Name of person with PR:****Address (if protected do not add):****Current contact No:** |  |  |

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| --- |
| **I understand the Family Group Conference process and give my permission for the FGC co-ordinator to share the information I have discussed with my Family/Friends. I also consent to the co-ordinator visiting the child/children where age appropriate.** **Signature & Date…………………………………………………………………………………..** |
| **Please provide a brief case synopsis/outline/aim that answers all the following questions:** |
| * **What are the reasons for a referral to FGC?**
 |
| * **What are the outcomes you want to achieve from the FGC?**
 |
| * **What are the family's strengths?**
 |
| * **How would the child/children benefit from the FGC?**
 |
| * **Is there anything that is not negotiable?**
 |
| * **Safeguarding issues/is there anyone who should not attend the FGC?**
 |
| * **Health and safety/risks to staff**
 |
| * **Are there any timescales or deadlines pending?**
 |
|  | ***Please include details of all children*** |
| **SU Number(s):** | **Name of child(ren): DOB:**  | **Address:** |
|  |  |  |
|  |  |
| **Current level on CoN?** Please type YES or Tick ONE box |  | **Reason for referral?** Please Type YES or Tick ONE box |  | **Referral Category?** Please tick relevant boxes |
| **1 - Universal** |  |  | **S17**  |  |  | **Neglect** |  |
| **2 – Additional Support Needs** |  |  | **CP Plan****If applicable Review Date:** |  |  | **Education** |  |
|  |
| **3 – Intensive Needs** |  |  | **S47****If applicable Initial Date:** |  |  | **Domestic Violence** |  |
|  |
| **4 – In Need of Protection**  |  |  | **S20** |  |  | **Sexual Assault** |  |
| **4 – Looked After** |  |  | **Pre-proceedings on EoC** |  |  | **Contact** |  |
| **ICO/Care Order** |  |  | **Alternative Accommodation** |  |
| **C&F Assessment Stage**  |  |  | **Physical Abuse** |  |
|  |  |  |  |  |  | **Emotional Abuse** |  |
| **Name of referrer** |  |  | **Discharge of Care Order** |  |
| **Team****Signature and date** |  | **Placement Clarity** |  |
| **Mobile and Office No** |  | **Rehabilitation** |  |
| **Practice Manager contact name and number** |  | **Relationship/Communication** |  |
| **Signature and Date** |  | **Parental conflict** |  |
| **Please confirm you will be attending the Family Group Conference.** **\*Note\*The meeting cannot go ahead without a social worker present** | **Yes**  |  |  |  |



**Please scan completed & signed copy and e-****mail to** **fgcservice@lancashire.gov.uk**

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