|  |  |
| --- | --- |
|  | torbay council logo |
| Family Group Conference Referral Form |
| FGC.referrals@torbay.gov.uk07824 537242 |

# The Referral Details

## Referrer Details

|  |  |  |
| --- | --- | --- |
| Name | Mobile Number | Manager |
|  |  |  |
| Job Title | Team | Email Address | Date of Referral |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s/Children’s Name | DOB | Gender | Ethnicity |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Child’s/Children’s Address:  | Tel: |
|  |  |

## Family Details (add rows if necessary):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Relation | First Name | Surname | EthnicityDOB | Address (if different) | Telephone | PR? |
| Parent/Carer of Child/Children |  |  |  |  |  |  |
| Parent/Carer of Child/Children |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Please list any extended family below: |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

## Additional Information

Child’s/Children’s Name

|  |
| --- |
|  |

Category: e.g. LAC, CP Child in need

|  |
| --- |
|  |

Language: Is an interpreter required?

|  |
| --- |
|  |

Do the Child/Children or any family members suffer from learning, mental or physical disabilities which the coordinator will need to address? Please specify

|  |
| --- |
|   |

Does anyone in the family have a drug or alcohol misuse problem?

|  |
| --- |
|  |

Is child on CP plan? (Please check box) YES [ ]  NO [ ] [ ]

Is the child subject to a legal order and if so which?

|  |
| --- |
|  |

Is there an agency that could provide specialist information for the family at the FGC? Please state if a guardian is involved

|  |  |  |
| --- | --- | --- |
| Name | Agency & contact details | Relationship to child |
|  |  |  |
|  |  |  |

Briefly describe why are you making the referral for a Family Group Conference – what issues do you want the family network to address?

|  |
| --- |
|  |

What outcome do you hope to achieve as a result of this FGC?

|  |  |  |
| --- | --- | --- |
| 1 | Close case |  |
| 2 | Avoid child protection procedures |  |
| 3 | Prevent child becoming looked after |  |
| 4 | Avoid care proceedings |  |
| 5 | Explore family network |  |
| 6 | Reduce level of interventions with this family |  |
| 7 | Child returns home |  |
| 8 | Other (Please state): |  |

Are there Health and Safety concerns that the co-coordinator or others need to be aware of? (If you are unsure please discuss this with us)

|  |
| --- |
|  |

Has this referral been discussed with the family? (Please check box) YES [ ]  NO [ ]

Has consent been given by holder of PR for referral for FGC? (Please check box) YES [ ]  NO [ ]

Do you have anything to add about how the family feels about this referral?

|  |
| --- |
|  |