Family Group Conference Referral Form

Dudley Metropolitan Borough Council

Referring Social Worker's Name	District	Tel No.

Date referred		**Date received by FGC service:**	
Are there any safety issues for staff to be aware of?		**Has a risk assessment form been completed?**	

Referred Child:	**Status: i.e. TF (Troubled Family), CIN, CP, LAC**						
Child's Name		DOB		M/F		Pin No.	
Birth Parents Name		Address				Tel No.	
Birth Parents Name		Address				Tel No.	
Living with – current care giver: (if different from Birth Parents)							
Name		PR: yes / No / Who?		Tel No.			
Relationship		Address					
Child's School		Address					

Siblings:					
Name		DOB		M/F	
Pin No		Address			

Name		DOB		M/F	
Pin No		Address			

Name		DOB		M/F	
Pin No		Address			
Name		DOB		M/F	
Pin No		Address			
Name		DOB		M/F	
Pin No		Address			

Who are the Safety People - family members, friends, Neighbours, community members (who are appropriate, will be supportive or are key to resolving the concerns and keeping the children safe)			
Name		Relationship to child	
Address		Tel No.	

Name		Relationship to child	
Address		Tel No.	

Name		Relationship to child	
Address		Tel No.	

Name		Relationship to child	
Address		Tel No.	

Name		Relationship to child	
Address		Tel No.	

These boxes will expand so please type as little or as much as necessary

Reason for FGC

(It is important that the information you are providing is discussed with the family and that they have given consent to this referral being made)

Brief family history (This information will be read to the all family members so please keep it concise, fact based and jargon free)
What are the family strengths? (Safety Statements) (What do various family members do well and how do they help and support the children in question?)

As referrer, what are your concerns/ worries? (Danger Statements) (List the key issues you need the family to address and rectify?)
What needs to happen? (List the Questions you are asking the family to consider and answer at their FGC, to enable them to address the concerns?)

Bottom Line Requirements

What is non negotiable and absolutely cannot happen or absolutely has to happen?
Are there any significant timescales to be note – or dates for court?

Professionals involved with the child

Children's Services – Social worker / YPA / IRO							
Name				**Name**			
Tel No.		Email		**Tel No.**		Email	

School – Head / Year head / Teacher / Learning mentor / other							
Name				**Name**			
Tel No.		Email		**Tel No.**		Email	

Health – GP / Health visitor / School health advisor / midwife / Substance misuse/ other							
Name				**Name**			
Tel No.		Email		**Tel No.**		Email	

YOT / Probation / FIP							
Name				**Name**			
Tel No.		Email		**Tel No.**		Email	

Advocates							
Name				**Name**			
Tel No.		Email		**Tel No.**		Email	

Other professionals							
Name				**Name**			
Tel No.		Email		**Tel No.**		Email	

Ethnic origin of child: (please tick)

White:		**Black or Black British:**		**Asian or Asian British:**	
British		Caribbean		Indian	
Irish		African		Pakistani	
Other white background		Other Black Background		Bangladeshi	
Dual heritage:				Other Asian Background	
White and Black Caribbean		White and Black African		**Chinese or other ethnic group:**	
White Asian		Other Mixed Background		Chinese	
White Chinese		Black Asian		Other South East Asia	

First language:		Is an interpreter required?	
Religion:			
Any Special needs for family / child?			
Does the child have a statement of SEN?			
Is the child a young carer?			
Does the child have an advocate?			

Agreement **(The information on this form need to be shared with the parent / carer and they then need to sign to give their consent for the referral to be made)**	
"We agree for this referral to be made and for relevant information to be shared with our extended family and relevant professionals":	
Parent / Carer Signature:	
Young Person Signature:	

- **The Social Worker and other professionals will be required to be present throughout the FGC and review meeting.**

Please send this referral to:
FGC Service,
FAST, Greystone Passage, Dudley DY1 1SJ
Alternatively email fgc.service@dudley.gov.uk