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| Version | 2020/1 |
| Date | 15/09/2020 |
| Person | FGC Manager |



**Lifelong Links FGC Referral**

**Before completing a referral, the social worker must speak to the Lifelong Links Coordinator or their Manager about the appropriateness of the referral. This will avoid unnecessary work and ensure the viability of the referral. For some young people it may be helpful for a coordinator from the Lifelong Links service to meet with the young person and / or others with parental responsibility to explain the Lifelong Links process in more detail prior to their agreeing to the referral. Consent Must be gained before the referral is submitted.**

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| **Referrer details**  | **Date**  |  |
| **Name**  |  | **Direct contact number:** |  |
| **Referrer/Address** |  | **Email Address** |  |
|  | **Yes**  | **No** |
| **Current status of children – Please Circle**

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| **CIN** | **CP** | **PLO** | **LAC** |

 | **How likely do you think it is that this case will remain at the current level** **without a Family Group Conference?**

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| **NOT Likely (Will Escalate)** |  | **VERY Likely (Won’t Escalate)** |
| **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

 |
| **Predicted status of children if nothing changes – Please Circle**

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| **CIN** | **CP** | **PLO** | **LAC** |

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| **Children** |
| **Surname**  | **Forename** | **PID number** | **DOB - Age** | **Gender** | **Current Address** **(NB full postcode)** | **School** |
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| **Key Family Members**  |
| **Surname** | **Forename** | **DOB** | **Gender**  | **Current Address (NB full postcode)** | **Contact number** | **Relationship to children**  |
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| **Reason for referral** |
| **What is working well?** *What existing safety measures and strengths do the family have in place. For example (what if any are the positive relationships, contact arrangements the young person has in place)* |
| **What are we worried about?** *Up to date danger statement and safety goal* **Any constraints/ risk elements -** *– in relation to current if any family relationships, contact arrangements in place or on-going etc.* |
| **List any care plans and chronologies completed (Support needs of the young person’s care)** |
| **What questions do you want the family to answer in relation to the danger statement and safety goal?*****A planning meeting must be held with the FGC Lifelong links coordinator, FGC Manager, Social Worker and Team Manager (Case Supervisor) and carer where appropriate. The following must be considered during this meeting:***1. **Key objectives**
2. **Information that the referrer will need to provide to the family**
3. **Any constraints/ risk elements**
4. **Participation and support needs of young person and how they will be assisted to prepare for the Lifelong Links work including offer of an advocate**
5. **Support needs of the young person’s care**
6. **Any ongoing consent issues**
7. **Next steps, including where to start mapping**
8. ***Chronology needs to be provided***
 |
| **Worry statement scaling**0 -----1------2------3------4------5------6-------7------8------9-----10Where do you scale the family at referral? |

**What is the bottom line? What outcome do you want from the FGC?**

*What will happen if nothing changes? Are there any significant timescales to be noted, e.g. dates for court*

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|  **Are the family aware of the referral?** (Please circle as appropriate) **YES NO** |
| **Do any of the family members have specific needs in relation to the Family Group Conference?** |
| Is an interpreter/ signer required? | No/Yes  | Do any of the family members have a disability? | No/Yes |
| Are there any specific health/ medical needs? | No/Yes  | Are there any dietary needs, including allergies? | No/Yes |
| Are there any literacy needs? | No/Yes | Are there any religious or cultural needs? | No/Yes |
| Is an adult advocate required? | No/Yes | Is a Child Advocate required? | No/Yes |

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| Are there any risk factors the co-ordinator should be aware of? |
| Any other issues? |

Do the Family agree to a coordinator contacting them? (Please circle as appropriate) **YES NO**

All the information on this form needs to be shared with

everyone involved in the FGC process. Do you give your

consent for this to happen? (Please circle as appropriate) **YES NO**

Referrer Signature:

Email form to: **FGCReferrals@nelincs.gov.uk**