|  |
| --- |
| **Family Group Decision Making Referral Form**  |
| Service email: ForthValleyServices@barnardos.org.uk |
| **Part 1: Referral Details** |



|  |  |  |  |
| --- | --- | --- | --- |
| Date of Referral: |  | Taken by: |  |
| **FAMILY NAME:*****List young person/s’ details in section 3*** |  |
| Referred by(name/ Team) |  | Referrer’s contact details |  |
| Referrer’s email address |  |
| Best time to call referrer |  | What days do they work  |  |
| Is referral a crisis? |  |
| Has the family been involved with Barnardos before? |  |
| Has the referral been discussed with Team Manager? |  |
| Families views on a referral  |
| **Allocated to:** |  |  Date |  |

**Part 2: Reason for referral**

**Key aim / desired outcome:**

**Main Themes:**

**Strengths/ Existing supports/ resilience factors:**

|  |
| --- |
| **Part 3: Young Person/s’ Details** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**  | **Gender** | **DOB** | **Address****Is there an email address for this person?** | **Who do they live with?** | **Care status**Not LACLAAHAt risk of LAAH/LACResidentialKinship/Foster | **CP status****Current**Concerns Registration**Historical**ConcernsRegistration | **Disability** | **Ethnicity**If English is not first language, please state |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Sibling Contact**

|  |  |
| --- | --- |
| Are there any barriers to brothers and sisters meeting each other? | Yes/ No |
| If yes, what is the context of the barriers? |  |
| If yes, would the family meeting be able to address these barriers? |  |

|  |
| --- |
| **Part 4: Parent / Carer** (main young person named in Part 3) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship to child/ren** | **Address (if different to young person)****Is there a known email address?** | **Telephone no.** | **Do they have parental responsibility?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Part 5: Other People of Importance**  *Widening the Family Circle* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship to young person** | **Address****Is there a known email address?** | **Telephone** | **Will they participate in meeting?** |
|  |  |  |  |  |
|  |   |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Part 6: Other Professionals Involved** (other than referrer) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Agency** | **Contact details** | **To be invited to meeting?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Who will be the decision maker at the meeting if not the social worker?** |

|  |
| --- |
| **Part 8: Potential Risks / Barriers to Participation**  |

|  |
| --- |
| 1. Has the referrer identified any **potential risk** regarding the referral which needs to be taken forward at the planning meeting? **Yes/ No**
2. **Are there any current risk assessments in place? Yes/ No**
 |

|  |
| --- |
| **Part 9:**  **Timescales** |

|  |
| --- |
| Are there any specific timescales to be aware of, ie young person moving school/ placement, Children’s Hearings./ Looked After Review? Dates if appropriate: |

|  |
| --- |
| **Part 10: Additional Information** |

|  |
| --- |
| **Is there any known experience of trauma?****Has there been any concerns around domestic abuse? Yes/ No** How has the perpetrator behaviours impacted on the family function? Has there been acknowledgment of these behaviours from the perpetrator? How will this be managed within the family group decision making process? What efforts are needed to promote the safety and wellbeing of the child/ren? |
|  |