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| **Family Group Decision Making Referral Form**  |
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| **Part 1: Referral Details** |



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| Date of Referral: |  | Taken by: |  |
| **FAMILY NAME:*****List young person/s’ details in section 3*** |  |
| Referred by(name/ office) |  | 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? |  |
| Families views on a referral  |
| **Allocated to:** |  |  Date |  |

#### **Part 2: Reason for referral**

**Key aim / desired outcome:**

**Main Themes:**

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

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

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| **Name** | **Gender** | **DOB** | **Address** | **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 |
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| **Part 4: Parent / Carer** (main young person named in Part 3) |

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| **Name** | **Relationship to child/ren** | **Address (if different to young person)** | **Telephone no.** | **Do they have parental responsibility?** |
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| **Part 5: Other People of Importance**  *Widening the Family Circle* |

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| **Name** | **Relationship to young person** | **Address** | **Telephone** | **Will they participate in meeting?** |
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| **Part 6: Other Professionals Involved** (other than referrer) |

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

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

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

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

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| **Part 10: Additional Information** |

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| **Is there any known experience of trauma?** |