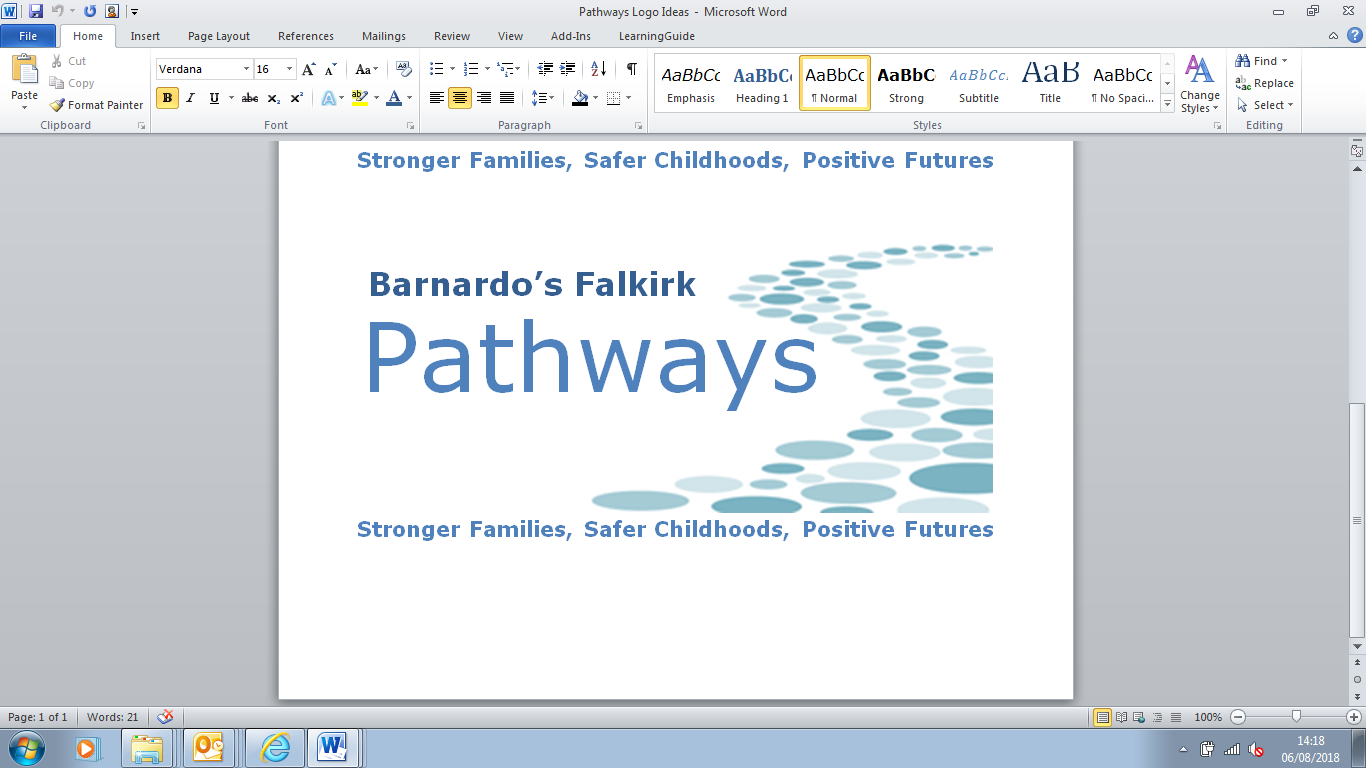
|  |
| --- |
| **Family Group Decision Making Referral Form** |
|  |
| **Part 1: Referral Details** |



|  |  |  |  |
| --- | --- | --- | --- |
| 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:**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Gender** | **DOB** | **Address** | **Who do they live with?** | **Care status**  Not LAC  LAAH  At risk of LAAH/LAC  Residential  Kinship/Foster | **CP status**  **Current**  Concerns  Registration  **Historical**  Concerns  Registration | **Disability** | **Ethnicity**  If English is not first language, please state |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship to young person** | **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?** |