

*Family Group Conferencing – Referral Form*

Instructions for Caseworkers

1. Please complete the referral document once permission from the key family members have been obtained, including all relevant family details.

2. Consent is required from parents/carers to send personal information to Family Support Network Family Worker before the document will be reviewed.

3. Once received Family Support will determine if an FGC is suitable for the family.

4. If a parent/carer provides verbal consent with the ability and willingness to provide written consent later the referral will be accepted.

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| 1.Referring details | | | | |
| Name |  | | | |
| Telephone |  | Email | | |
| Has the family group conference process been discussed with the family, including the reason for referral? | | | Yes | No |
| Reason for referral |  | | | |
| Date of referral |  | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| 2. Consent | | | | | | |
| Participation in a family group conference is voluntary. Parents or carers must consent to be part of the referral process. The caseworker must let the family know that their personal information will be given to the family group conference facilitator for the purpose of convening a family group conference. | | | | | | |
| Has verbal or written consent been obtained? How was consent obtained? | | | | | | |
| By mother | Yes | No | Verbal | Written | Date |  |
| By father | Yes | No | Verbal | Written | Date |  |
| By carer | Yes | No | Verbal | Written | Date |  |
| By child or young person (if age appropriate) | Yes | No | Verbal | Written | Date |  |
| Other | Yes | No | Verbal | Written | Date |  |

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| --- | --- | --- | --- |
| 3.Family relationships | | | |
| Mother’s Name |  | Contact Details |  |
| Father’s Name |  | Contact Details |  |
| Carer’s name |  | Contact Details |  |

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| --- | --- | --- | --- | --- |
| Child/young person | Address | D.O.B | Sex | Living with? Are there any Current Orders? |
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| 4. Extended family or other significant people invited to attend the family group conference | | |
| Name | Contact details | Relationship to the child?  Any comments? |
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| 5. Other agencies/services involved | | |
| Agency Name and Worker | Contact details | Involvement |
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| **6.** Background information |
| What are the risk, safety and wellbeing issues that need to be addressed within the family group conference? |
| What are the non negotiables for the family attending the family group conference? |
| Does the family identify as CALD Aboriginal or Torres Strait Islander? Yes No |
| What are the cultural considerations? |
| Are interpreters required? Yes No  If Yes  Language/dialect required? |
| Is there anyone who cannot attend the conference because of an AVO or other legal restriction?  Yes No |
| If yes, please indicate who the person is and what alternative suggestions you have about how this person can have input into the conference. |
| Is there another influential person in the immediate or extended family that is considered a risk to the child/young person or any other family members likely to be attending the family group conference?  Yes No |
| If yes, please indicate who the person is and what alternative suggestions you have about how this person can have input into the conference. |
| Does anyone in the family have a disability? If so please list and comment on any consideration in preparation to FGC meeting Facilitator needs to consider when planning for the family’s FGC. |

7. Additional Information Required

1. Please attach a Family Genogram

2. Any reports or court orders essential for the facilitator to prepare for a Family Group Conference.

**Referrer Declaration:**

I, …………………………………. caseworker of……………………………………..

Date……………………………….

Confirm the details in the consent information are true and I have obtained verbal or written consent voluntarily by the family being referred.

Signed worker…………………………………………..

**I/We have been informed about how our personal information will be used and we give my/our information voluntarily**

Signed by Carer / Parent(s) Date

Signed by Carer / Parent(s) Date

**Consent parent/carer for young people under 16 years**

I/We, ………………………………………………………………………………………………

(*Please print your name/s)*

I have been informed of a referral being made to Family Support Network for a Family Group Conference.

I am aware that this referral is voluntary and I have chosen to participate

Please return this referral form by email to [admin@fsn.org.au](mailto:admin@fsn.org.au) or fax to 0266215208.