

Completing a Family Group Conference Referral - Guidance

As a Permanency Support Program (PSP) service provider caseworker you may need to complete the referral form for a Family Group Conference (FGC) if you are the lead agency.

It is important that you provide the correct information when making a FGC referral to support the success of the conference.

This guide provides information required for each section of the referral form.

		1. Referring details					
		Caseworker name		Date of referral			
		Referring PSP Service Provider Name		Proposed location for FGC (suburb)			
		Direct Phone No.		Mobile Phone No.			
		Email		Other agency contact			
		Manager's direct	Name:				
		contact details	Phone/Email:				
		Has the FGC process been discussed with the family, including the reason for referral?		Yes 🗌		No 🗌	
2	1	Reason for referral					
3-{		Strengths of the child/ren and family (including individual family members)					



Section 1: Referring Details

You are required to complete all sections of the referring details and include direct contact numbers to support timely preparation of an FGC. The 'proposed FGC suburb' is the suburb or town you suggest the conference to be held.

1. You must ensure that you have spoken with the family, gained their consent to arrange a FGC, and discussed the reason for the FGC referral.

2. Reason for Referral

Outline the reason for referral and explain why the family will benefit from FGC. Include information about the purpose of the FGC, for example:

- The family need to come together to make decisions about how to keep Johnny safe at home. Johnny is not always adequately supervised at home and family support is required to ensure Johnny is safe.
- Ji Won's parents have struggled with drug and alcohol dependence, and she needs to live in a home where she is not impacted by this.
- Marcus is currently not able to live with his parents; he needs his family to make
 decisions about who within the family can care for him while his parents work
 through their challenges.
- There is a long history of trauma within the family, and this is impacting on Fahad. Reports of neglect are regularly received, and Fahad's family need to make decisions about how he can be kept safe and supported to grow and develop.

3. Strengths of the child/ren and family

Outline the strengths of the children and family (including individual family members) to assist the facilitator to maintain a focus on strengths in the preparation stage of the FGC.



Section 2: Consent

Has verbal or written consent been obtained? How was it obtained?

4	2. Consent	t							
	Has verbal or written consent been obtained? How was consent obtained?								
ſ	By mother		Yes 🗌	No 🗌	Verbal 🗌	Written	Date		
	By father		Yes 🗌	No 🗌	Verbal 🗌	Written	Date		
	By guardian/carer		Yes 🗌	No 🗌	Verbal 🗌	Written	Date		
5	By child or you (if age approp		Yes 🗌	No 🗌	Verbal	Written	Date		
	Other Please specify		Yes 🗌	No 🗌	Verbal	Written	Date		
	Other Please specify		Yes 🗌	No 🗌	Verbal	Written	Date		
6 -	Reasons for no applicable)	o consent (if							

- 4. Consent must be obtained either verbally or in writing prior to making a FGC referral. Indicate the people you have spoken to that have consented to the FGC. Consent should be obtained from the child (where it is appropriate for their age and developmental stage), parents and guardian/carer.
- 5. Participation in a FGC is voluntary. Consent must be given prior to a FGC referral being completed. If one parent consents to a FGC and the other does not, decide if the FGC can still take place with only one parent. This will depend on what the concerns for the child are as well as the reason for referral.
- 6. You must speak with all key people about FGC, but it is not necessary to gain consent from every participant. You can note the reasons for no consent if applicable.



Section 3: Family Relationships

	-						
3. Family relations	3. Family relationships						
Child/young person	Date of						
	Birth						
CYP contact details	·	,					
Ch:ld/	Date of						
Child/young person	Birthγ						
CYP contact details							
Child/young posson	Date of						
Child/young person	Birth						
CYP contact details		•					
Child/young person	Date of						
critic/young person	Birth						
CYP contact details							

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Page 2 of 5



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Mother's name	Phone	Address	
Father's name	Phone	Address	
Carer or guardian's name	Phone	Address	

7. Provide information for each child or young person that is the subject of the FGC. All referrals must contain the names and contact information for parents. If you are not aware of the contact information for the parents; advise this in the referral form.



• The carer or guardian may be the person who the child/ren is living with. If the child/ren are living with their parents, this does not need to be completed.

Section 4: Extended Family/Other Significant People to be Invited to Attend the FGC

	4. Extended family a	and other significant people to	be invited to t	he FGC
	Name	Address	Phone number	Relationship to child/children
8 -				

- 8. Include all extended family members and any other significant people. This may include grandparents, step-parents, grandparents, aunts, uncles, cousins, community Elders, neighbours and family friends etc.
 - You may receive some of this information from the file as well as speaking with the family when you discuss the FGC and gain consent.
 - The family may also provide further information about participants to the FGC facilitator during preparation.



Section 5: Please Attach a Genogram on a Separate Sheet

5. Attach	ned gen	ogram	·
Yes 🗌	No 🗌	If no, please advise why.	

An up-to-date genogram must be included to ensure the FGC facilitator understands the family relationships and context relevant to the FGC.

Section 6: Other Agencies/Services Involved

	6. Other agencies	and services involved		
	Agency name	Contact person	Contact details	Role with family
9 -				

9. This section includes information about all support services currently working with the child/ren and family and any support services that may be able to provide support to the family in future. These can include schools, family support, health and wellbeing, counselling, drug and alcohol, mental health etc.



Section 7: Background Information

Include all background information relevant to the purpose of the FGC.

a) What are the conference?	risk, safety and wellbeing challenges that need to be addressed within the family grou
) What are the the FGC?	ne risk, safety and wellbeing challenges that need to be addressed within
tuation and v	safety and risk worries, as well as wellbeing challenges, the current work you have done with the child and family. This supports the FGC uide the preparation of the FGC with the family.
b) What are the conference?	non-negotiables (children's needs) for the family attending the family group

the family needs to do.

The non-negotiables guide the focus of the FGC and therefore must be about the needs of the child. The non-negotiables explain what needs to change at a minimum to address the

safety and well-being of the child or young person. They should be child-focused and address what the child needs to meet their safety and wellbeing needs rather than what



For example:

- Johnny needs to live in a safe and loving home where there is always an adult available to keep him safe
- Johnny needs his mum and dad to be well so he can grow and develop in a safe home
- Johnny needs to go to school each day and have everything he needs to be able to learn
- Johnny needs to strengthen his relationship with his family and connection to culture
- Johnny needs be supported to attend all his medical appointments
- Johnny needs to live with family members while he is unable to live with his mum and dad

(c) What are the cultural considerations?					
Cultural beliefs and practices are the foundation of families. You must include about the child and family's cultural background and any considerations requsupport a successful FGC.					
d) Has the family requested an Aboriginal or CALD facilitator?	Yes	No			
(d) Has the family requested an Aboriginal or CALD facilitator?					
Speak with the family about their cultural needs when discussing FGC and detwhether a FGC facilitator from the same cultural background is required or a continuous c					

(e) Are interpreters required?

e) Are interpreters required?

support person should be present.

c) What are the cultural considerations?

If the answer is yes, the language/dialect must be provided.

Yes

No

Language/dialect



f) 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 about how they can have input into the conference:						
(f) Is there anyone who cannot attend the conference because of an AVO or restriction?	other	legal				
If the answer is yes provide detailed information about the person and legal restriction. It is important that all family have a voice at the FGC and this can be conducted in various ways. Provide alternative suggestions for participation as you know the family best.						
Alternative participation may include; participation by phone, writing a letter or having another family representative attending provide information on behalf of the person who is unable to attend.						
g) Is anyone else in the immediate or extended family considered a risk to the child/young person or any other family members; that is likely to be attending the family group conference?	Yes	No				
(g) Is there other person/s in the immediate or extended family that is considered the child/young person or any other family members likely to be attending						
If the answer is yes provide detailed information about the person and considered risk so that the FGC can be conducted safely. It is important that all family have a voice at FGC. Provide alternative suggestions for how a participant might have their say if they can not attend the conference.						
Alternative participation may include; participation by phone, writing a letter or having another family representative attending provide information on behalf of the person who is unable to attend.						
h) Does anyone require reasonable adjustment to enable their participation in the FGC erelating to disability or mental health?	.g. nee	ds				
Details and reasonable adjustments required:						



(h) Does anyone require adjustment to fully participate in the FGC e.g. mental health challenges or a disability?

Outline details of the needs of the individual as well as how they may be supported to participate successfully in the FGC.

Section 8: Referring Agency Approval

8. Referring agency approval					
Caseworker name:		Direct Phone:			
Caseworker signature		Date			
Manager Casework name:		Direct Phone:			
Manager Casework signature:		Date			

You are required to complete all sections including your and your managers signature as this shows that the referral can be accepted by an FGC facilitator.

Section 9: FGC Facilitator

9. Family Group Conferencing Facilitator						
Facilitator's name				Phone		
racilitator s name				Email		
Accepted		Declined		Reason declined		
Facilitator's signature				Date		

This section is for the FGC facilitator to complete as acceptance of the referral. The signed referral will be provided back to you for your records.