

**Request for Family Group Conference**

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| **Child/young person’s details** | | | | | | | | |
| ID | Name | Date of  Birth | Age | Gender | Address | Ethnicity | First  language | Disability |
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| **Main carer details** | | | | | |
| Child | Name of main carer | Relationship to the child/ young person | Contact telephone number | Address | Does this person have parental responsibility? |
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| **Other known Family member/Friends** | | | |
| Name | Relationship to the child/ young person | Address | Contact telephone number |
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| **Current Agencies involved** | | | |
| Name | Role | Address | Contact telephone number |
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| --- | --- | --- | --- |
| **Referrer’s details** | | | |
| Referrer’s name | Referrer’s role | Referrer’s address | Referrer’s contact telephone number |
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| **Decision to request a family group conference** | |
| The decision to request a family group conference was made at |  |
| Date decision made |  |

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| **Referral Information** |
| **What is working well?**  (Strengths, successes and safety within the family - What are family members doing that is helpful and reduces your worries?) |
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| **What are you and others worried about?** (Current concerns and presenting issues - not historical) |
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| **Purpose of the FGC?**  (What are your best hopes for the FGC? i.e. What needs to happen in order for you to no longer be involved?) |
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| **Where are we on a scale of 0-10? (Where 10 means you no longer need to be involved and 0 means you are likely to escalate your involvement?)**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | |

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| **Is there anything that cannot be agreed in the family plan?**  (Bottom line - something that is non-negotiable because it is not safe or legal i.e. the child/ren cannot stay with Uncle Billy because he poses a significant risk to children and you have evidence to support this) |
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| **What are the consequences or next steps should the situation not improve?**  (i.e. Legal action) |
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| **What resources can you provide in order to support the family plan?**  (Referral to another service, financial assistance, practical help, access to information, support letter) |
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| **Are there any health and safety concerns relevant for either workers or family members?** (Accessibility issues, risks to lone working, language barriers, dietary needs) |
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| Are there any significant timescales or dates for Court? |
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| **How will you ensure the family plan is integrated into other decision - making processes?**  (Will the plan be shared at the next case review and fed into the plan?) |
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| **Family Agreement** |
| Have you been given clear information about what an FGC is?  Yes No |
| Do you understand the reasons for the referral and agree to it being made?  Yes No |
| Can agreement be reached on which family members should come to the meeting?  Yes No |
| Do you agree to relevant information being shared with family members and service providers?  Yes No |

If you would like any more information before the referral is made, an arrangement can be made for an FGC Co-ordinator to call or visit you.

**Signatures**

Child/young person’s name ………………………………..

Child/young person’s signature…………………………….

Parent/carer’s name ……………………………………

Parents signature ……………………………………….

Referrer’s name ………………………………..

Referrer’s signature …………………………….