

Please complete **all sections** of this document to

fully brief the FGC Service and to help with allocation

of the case*.* FGC is a voluntary process and solution

focussed. We may share the form with the family, so

please use appropriate language to help us to engage

better to create a safe plan. The co-ordinator will need

to meet you before contacting the family. You will need

to attend the FGC unless the case is transferred to

another person, to explain the concerns of the Local

Authority and accept the family plan.

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| --- | --- |
| **Date of request:** *Complete one request per family* | Click or tap to enter a date. |

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| **Have you asked those with PR if they want an FGC? If so, what was their response?** |
| Click or tap here to enter text. |
|  |
| **Please start with primary child:**  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Names – all children involved in the FGC** | **Gender** | **Address if different from parents**  | **Ethnicity** | **D.O.B** |
| Click here to enter text. | Choose a gender | Click here to enter text. | Click here | DOB |
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| **Family’s first language:** | Click here to enter text. |
| **Any special needs or considerations:** | Click here to enter text. |

**Please start with person with PR and provide full address and contact details:**

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| **Known family group: carers, extended family, friends and others***If you have limited knowledge of the extended family, then the co-ordinator will explore further and seek consent for their involvement* |
| **Name** | **Relationship to young person** | **Address inc postcode** | **Phone** |
| Click here to enter text. | Click here | Click here to enter text. | Click here  |
|   |   |   |   |
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**Referrer details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click to enter text. | Line Manager: | Click to enter text. |
| Role: | Click to enter text. | Email | Click to enter text. |
| Office Number EXT/Mobile: | Click to enter text. | Mobile Number | Click to enter text. |
| Email: | Click to enter text. | Has you line manager approved this referral? | Has this been approved? |
| Address including postcode: | Click to enter text. |

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| **Other key professionals involved with the children or parents – schools, health visitors, CAMHs, Turning Point etc** |
| **Name** | **Role and/or organisation** | **Email** | **Phone** |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
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**Current status of case** (mark with as applicable)

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| --- | --- |
| Team Around the Family |[ ]  Proceeding |[ ]
| Child In Need |[ ]  Interim Care Order |[ ]
| Child Protection Plan |[ ]  Interim Supervision Order |[ ]
| Section 20 |[ ]  Child Arrangement Order |[ ]
| Looked After Child |[ ]  Full Care Order |[ ]
| Pre-Proceeding |[ ]  Special Guardian Order  |[ ]
| Other – please specify |[ ]   |  |

**Reasons for FGC** (mark with  as many as applicable)

|  |  |
| --- | --- |
| Preventing significant harm |[ ]  Considering options for alternative care for children |[ ]
| Reunification to families/extended families |[ ]  Supporting parents to address drug and alcohol use |[ ]
| Addressing offending behaviour |[ ]  Bringing families together to safeguard  |[ ]
| Establishing and maintaining contact  |[ ]  Improving school attendance  |[ ]
| Prioritising children’s welfare to promote safeguarding |[ ]  Improving parental capacity  |[ ]
| Supporting parents to address mental health issues |[ ]  Reducing risk or impact of DA  |[ ]
| Supporting parents with disabilities |[ ]  Part of the assessment process | [ ]   |
| Preventing child coming into care |[ ]  SGO support |[ ]

*In the following sections, please try and keep to no more than five bullet points per answer. You may wish to seek some input from your manager.*

**What are the concerns of the local authority and what changes would you like the FGC to achieve?** Why do you need an FGC? What do you want the family to address?

Click here and type to enter text.

**What are the strengths of the family?**

Click here and type to enter text.

**What are your “bottom lines”?** What are the essential things that the LA require the family to address? Is anything considered unsafe or unacceptable? What action will the LA take if the issues are not addressed / improved?

Click here and type to enter text.

**The Coordinator will agree the FGC questions with you and the family. What questions do you think might help achieve the changes that you want the family to make?**

Click here and type to enter text.

**What other actions are underway, such as CAMHS, or legal advice?**

**Or any other assessment is planned and when will they be completed?**

Click here and type to enter text.

**When are key events coming up, such as core groups, conferences and court hearings?**

Click here and type to enter text.

**What additional support will the local authority offer to the family to consider including in their FGC Plan? (For example, parenting courses, referrals to Turning Point)**

Click here and type to enter text.

**Has there been any conflict or disagreement between the family and the local authority?**

Click here and type to enter text.

Click here and type to enter text.

**Do you think any of the children or adults may need support from an advocate?**

**RISK ASSESSMENT**

|  |  |
| --- | --- |
| Is there FWI risk assessment for any members of the extended family? | Click to enter text. |
| Is there a history of physical assault, verbal aggression by family members on other family members? | Click to enter text. |
| Is there a history of physical assault, verbal aggression by family members on professionals? | Click to enter text. |
| Is it safe to visit family members alone in the home? | Click to enter text. |
|  Is there any current substance use? | Click to enter text. |
| Have they got any dogs, snakes, or other dangerous pets?  | Click to enter text. |
| Any known criminal convictions for violence? | Click to enter text. |

* ***Please update us if there are any significant changes to the risk assessment before the FGC*.**
* **For DA cases, what restrictions are in place?** Click here and type to enter text.
* **Does the victim recognise the domestic abuse? Yes** [ ]  **No** [ ] **To be discussed** [ ]
* **Does the victim recognise the impact on the children and want to involve family / friends to improve the situation?** Yes[ ]  No[ ] To be discussed [ ]
* **Does the perpetrator recognise the domestic abuse?** Yes[ ] No[ ] To be discussed[ ]
* **Does the perpetrator recognise the impact on the children and want to involve others to improve the situation?** Yes[ ] No[ ] To be discussed [ ]
* **Might the extended family be concerned about the safety of an FGC meeting?** Yes[ ] No[ ]
* **Is there a potential for aggression at an FGC for this family?** Yes[ ] No[ ] To be discussed[ ]