

Family Group Conference Family Plan for:

(insert child/ren's name)

This Family Group Conference was held on: (insert date) at (time)

The Family Group Conference Facilitator is: (insert name)

Sensitive: Personal

Confidential

Information in this document is subject to the confidentiality provisions of the Children and Young Persons (Care and Protection) Act 1998, the Privacy and Personal Information Protection Act 1998 and the Health Records and Information Privacy Act 2002.

Child's details:

Name:	Date of Birth:

Agency information:

Name:	Contact Details:	Email:

Family who attended and participated in the FGC:

Name:	Relationship to Child:	Contact Details/Email (if applicable)

Agency and other services that attended and participated in the FGC:

Name:	Organisation and Role:	Contact Details/Email:

Who was not able to be a part of the FGC? (delete if not applicable)

Name	Relationship/Role and Organisation	Contact Details/Email

Guiding questions to help develop the Family Plan:

Why did we have a Family Group Conference?

What does (insert child name) need?	What are the worries for (insert child name)?	What are the family's strengths?

Family Action Plan:

What is the task?	Who is responsible?	When will it be done?	Who will check it has been completed?	How will we know it has been completed?

Family Group Conference Review:

Date:	Location:	Who will attend?	Who will arrange review?

Sign Off:

By signing this Family Plan, you are agreeing to the decisions made in the Family Group Conference.

Name	Contact Details	Signature