

**FDAC North East Referral Form**

|  |
| --- |
| **FDAC North East Referral Criteria** |
| Do the local authorities concerns have a basis in parental drug or alcohol use? **Yes [ ]  No [ ]**  ***Exclusionary Criteria:***Is the parent(s) capacity to understand care proceedings impacted by learning difficulties? **Yes [ ]  No [ ]**  Are concerns reagrding sexual abuse by one/both parent(s) present? **Yes [ ]  No [ ]** Does the parent(s) have a diagnosis of psychosis / currently sectioned under the mental health act?**Yes [ ]  No [ ]** Are there issues of intimate terrorism, coercive control or risk to life domestic abuse?**Yes [ ]  No [ ]** *(\*the presence of domestic abuse does not exclude the family from FDAC, please call for a discussion)* |

|  |
| --- |
| **Summary of Concerns** |
| *Using the space provided, please summarise the concerns of the local authority which have led to threshold for proceedings being met.* |
| **Strengths & Motivation to change** |
| *Please use this space to describe why you believe this family is sutable for FDAC, commenting upon parents strengths, motvation and capacity for change.* |

|  |
| --- |
| **Please provide the followng documents with this referral form:** |
| Chronology **[ ]** Genogram **[ ]** Parenting Assessment **[ ]** Court statement **[ ]** \*\*\*If the family have been involved in previous care proceedings please provide the court bundle.\*\*\* |

|  |
| --- |
| **Local Authority** |
| Gateshead **[ ]** Newcastle **[ ]** North Tyneside **[ ]**  |
| Management agreement to refer to FDAC | **Yes [ ]  No [ ]**  |

|  |
| --- |
| **Parent’s Details:** |
| **Parent 1 - name:**  |  |
| **Agreed to FDAC referral** | **Yes [ ]  No [ ]**  |
| **DOB:**  |  **Age:** |  |
| **Gender:** |  **Male** **[ ]  Female** **[ ]**  |
| **Ethnicity:** |  |
| **Home Address:** |  |
| **Email address:** |  |
| **Home Telephone Number:** |  |
| **Mobile Number:** |  |
| **Is it ok to call you or leave a message on these numbers? Yes** **[ ]  No** **[ ]**  |
|  |
| **Parent 2 - name:**  |  |
| **Agreed to FDAC referral** | **Yes [ ]  No [ ]**  |
| **DOB:**  |  **Age:** |  |
| **Gender:** |  **Male [ ]  Female [ ]**  |
| **Ethnicity:** |  |
| **Home Address:** |  |
| **Email address:** |  |
| **Home Telephone Number:** |  |
| **Mobile Number:** |  |
| **Is it ok to call you or leave a message on these numbers? Yes [ ]  No [ ]**  |

|  |
| --- |
| **Child/ren’s details:** |
| **Child 1** |
| **Name:** |  |
| **DOB:**  |  **Age:** |  |
| **Gender:** |  **Male [ ]  Female [ ]**  |
| **Ethnicity:** |  |
| **Home Address:** |  |
| **Main Carer** |  |
| **Main Carer’s relationship to child/ren** |  |
| **Main Carer’s telephone Number:** |  |
| **Main Carer’s email address** |  |
| **Child 2** |
| **Name:** |  |
| **DOB:**  |  **Age:** |  |
| **Gender:** |  **Male [ ]  Female [ ]**  |
| **Ethnicity:** |  |
| **Home Address:** |  |
| **Main Carer** |  |
| **Main Carer’s relationship to child/ren** |  |
| **Main Carer’s telephone Number:** |  |
| **Main Carer’s email address** |  |
| **Child 3** |
| **Name:** |  |
| **DOB:**  |  **Age:** |  |
| **Gender:** |  **Male [ ]  Female [ ]**  |
| **Ethnicity:** |  |
| **Home Address:** |  |
| **Main Carer** |  |
| **Main Carer’s relationship to child/ren** |  |
| **Main Carer’s telephone Number:** |  |
| **Main Carer’s email address** |  |
| **(please repeat section for subsequent children)** |

|  |
| --- |
| **Local Authority Solicitor:** |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone Number:** |  |
| **Email:** |  |
| **Solicitor for Mother:** |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone Number:** |  |
| **Email:** |  |
| **Solicitor for Father:** |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone Number:** |  |
| **Email:** |  |
| **Guardian:** |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone Number:** |  |
| **Email:** |  |
| **Child’s Solicitor:** |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone Number:** |  |
| **Email:** |  |

|  |
| --- |
| **Children’s Social Worker:** |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone Number:** |  |
| **Email:** |  |

|  |
| --- |
| **Risk to FDAC staff:** |
| **Is there any risk to FDAC staff associated with a home visit to parents** | **Yes [ ]  No [ ]**  |
| **If yes please specify level and detail:** |  |

For further information please contact FDAC Manager Dominic Wilson 07394 402 522 or email**dominicwilson@gateshead.gov.uk**