

**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 AssessmentCourt 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**](mailto:dominicwilson@gateshead.gov.uk)