FGC & Mediation office use only:

|  |  |  |
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| **Referral Received:**  | **Line Manager:** |  |
| **Date allocated:** | **Co-ordinator:** | **Ref. No:**  |

**Family Group Conference/Mediation Referral Form**

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| **Please select as appropriate** |
| Choose an item. |
| **If this referral is from Children’s Social Care: What is the start date of Single Assessment/Plan** |
| Click or tap to enter a date. |

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| **\*\* Please return completed form to: FGC/Mediation via email to** **fgcteam@plymouth.gov.uk** **\*\*** |
| **Referrer’s Name & working hours** | **Location & Team** | **Direct Phone Number and Mobile Number** | **Email** |
|  |  | T: M:  |  |
| **Team Manager** |  | **Direct Number:** |  | **I.R.O. Name:** |  |
| Person with PR/Appointed Person has consented to referral: **(Please note: Referral cannot be accepted without consent from both parents where applicable)** | Choose an item. | Date:  | Click or tap to enter a date. |
| Email Address of Persons with PR  | 1 |  |
| 2 |  |
| **Ethnic origin of the family:** |       | **First language of the family:** |  |

**CHILD/REN or Vulnerable Adult in the Family being referred:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **I.D. Ref. No:** | **D.o.B.** | **Gender** | **Home Address** | **School** | **Disability** |
|  |  |  | Choose an item. |  |  | Choose an item. |
|  |  |  | Choose an item. |  |  | Choose an item. |

**CURRENT CAREGIVER (Where Child/ren or Vulnerable Adult living):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship** | **Address** | **Phone** | **D.o.B.** |
|   | Choose an item. |  |  |  |

**PARENTS/APPOINTED PERSONS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship** | **Address** | **Phone** | **D.o.B.** |
|  | Choose an item. |  |  |  |
|  | Choose an item. |  |  |  |

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| **Why do you want a FGC/Mediation?** (include a **brief (150 words)** summary of the current situation/concerns that are relevant to this referral) |
|   |
| **Please highlight the family’s strengths: – Must be completed** |
|  |
| **Desired outcomes please list SMART outcomes – Must be completed**  |
|  |
| **What are the child’s or young person’s views and wishes? Must be completed** |
|  |
| **Adverse Childhood Experience:**Please indicate what ACE’s the child/ren have or are experiencing in the family home.If not completed this referral will be sent back. |  | **Vulnerabilities:** |
| **Emotional abuse** | Choose an item. | Choose an item. |  | **Child exploitation** | Choose an item. | Choose an item. |
| **Physical abuse** | Choose an item. | Choose an item. |  | **Anti-social/offending behaviour** | Choose an item. | Choose an item. |
| **Sexual abuse** | Choose an item. | Choose an item. |  | **Beyond parental control** | Choose an item. | Choose an item. |
| **Emotional neglect** | Choose an item. | Choose an item. |  | **Parental conflict** | Choose an item. | Choose an item. |
| **Physical neglect** | Choose an item. | Choose an item. |  | **Child on parent violence/sibling violence** | Choose an item. | Choose an item. |
| **Domestic abuse** | Choose an item. | Choose an item. |  | **Harmful sexual behaviour** | Choose an item. | Choose an item. |
| **Alcohol misuse** | Choose an item. | Choose an item. |  | **Young Carers** | Choose an item. |  |
| **Drug misuse** | Choose an item. | Choose an item. |  | **High/Medium risk or At edge of care** | Choose an item. |  |
| **Parental separation/divorce** | Choose an item. | Choose an item. |  |  |
| **Incarceration** | Choose an item. | Choose an item. |  | **Risk Information – if yes to any of the following please give details.** |
| **Homelessness/poor housing** | Choose an item. | Choose an item. |  | **Animals or pets in the home?** | Choose an item. | Choose an item. |
| **Diagnosed Mental illness** | Choose an item. | Choose an item. |  | **Are there any health or safety concerns for staff or family members?** | Choose an item. | Choose an item. |
| **Education/attendance** | Choose an item. | Choose an item. |  |  |  |  |
| **Asylum seekers or refugee** | Choose an item. | Choose an item. |  |  |  |  |
| **Crime prevention** | Choose an item. | Choose an item. |  |  |  |  |
| **Parent learning or physical disability or illness** | Choose an item. | Choose an item. |  |  |  |  |
| **Child learning or physical disability or illness** | Choose an item. | Choose an item. |  |  |  |  |
| **Debt** | Choose an item. | Choose an item. |  |  |  |  |
|  |  |  |  |  |  |  |
| **CATEGORY OF REFERRAL - please select from the drop down menus all relevant categories:** *There may be more than one status at the point of referral.* |
| **Child in Care / Adoption** | Choose an item. | **To increase/provide family support** | Choose an item. |
| **Child protection plan**  | Choose an item. | **Court Directed** | Choose an item. |
| **If yes to CP Plan, under which category?** | Choose an item. | **Public Law Outline** | Choose an item. |
| **Child in Need** | Choose an item. | **FWAF (Families with a Future)** | Choose an item. |
| **Promoting positive family links, i.e. contact arrangements**  | Choose an item. | **Early Help** | Choose an item. |
| **Other, please specify** |       | **Step Out/PRAS** | Choose an item. |
| **Reunification** | Choose an item. | **Seek wider family support/living arrangements** | Choose an item. |

**Are there any significant dates i.e. Court?**  Choose an item.

**Please note:**

The referrer needs to attend the whole Family Group Conference or Review

Professionals attending are also asked to complete a short monitoring form for evaluation purpose

Please note, if this is a referral for mediation:

We offer family relationship mediation around strengthening relationships, improving communication and resolving conflict.

We **DO NOT** offer:

Family Mediation – separation, divorce or finance

Provide MIAMs meetings – (mediation, information and assessment meetings)

C100 Forms or court papers or anything rights based

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| 1. **Privacy Notice**
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| The information being processed is for the purpose of making an informed decision on which support would be most appropriate for you and your family and will only be used for decision-making if accepted by Family & Community Solutions. We will never share or use your information for marketing purposes. We will only keep your information for 21 years. It will be stored and processed in line with the principles of the Data Protection Act 2018. You have certain rights under the Data Protection Act and the EU General Data Protection Regulations (GDPR), which include the right to access, rectification and erasure. To enforce these rights or enquire about any other aspects of data protection, please contact:Data Protection Officer, Plymouth City Council, Ballard House, West Hoe Road, Plymouth Pl1 3BJ. Email: dataprotectionofficer@plymouth.gov.ukPlymouth City Council is registered as a data controller with the Information Commissioner's Office (registration number: Z7262171). The Council’s full Privacy notice can be found at: <https://www.plymouth.gov.uk/websitetermsandconditions/privacypolicy> |