**Referring to the Mediation Service**

Thank you for your request to refer to the above service. Before completing the Mediation referral form, please keep in mind that we offer:

* Free mediation to 10 – 24 year olds and their parents/carers, living together or apart.
* Mediation in order to reduce conflict and help to re-build relationships. This works best when used to prevent a situation getting to crisis point.
* Mediation involving two or more people within the family, usually a young person and a parent or carer.
* Mediation where both people feel that there are difficulties in the relationship and for both to want to make change for improvement.
* A short-term process with a limited number of sessions offered - these sessions include helping families to gain skills in communication so they can start to reduce the conflict themselves.
* An initial session (45 minutes - 1 hour) with each person individually, giving them the opportunity to meet with a mediator, find out about mediation, and decide if mediation is the right service (the family and the mediator will then decide what the next step will be)
* This process requires families to take time out of their normal day to attend appointments
* Mediation is confidential

|  |  |
| --- | --- |
| Mediators **do:** | Mediators **do not**: |
| * Listen to families | * Give advice or tell anyone what to do |
| * Help families to gain new skills in communicating and managing conflict | * Take sides or represent one person |
|  | * Make judgments about families |
| * Help families to look to the future and agree the right solutions for them | * Go to family homes |
| * Mediate in a neutral venue such as a community centre or a school |  |

Whilst completing this assessment/referral to Homeless Hub/Mediation Services we will collect personal and sensitive information including details of convictions and heath related issues.

We do this to:

* Help determine your needs in relation to advice and support you will need
* Monitor trends about who uses our services and how we can improve them

We may contact relevant agencies / persons to make enquiries about the situation that you have presented to hyh. These agencies/persons will be highlighted to you in this assessment/referral.

We store all your information on our secure server and database. You can find out more by accessing our privacy policy at [www.hyh.org.uk](http://www.hyh.org.uk). If you are unable to access our website we can email or send you a copy of our privacy policy.

For the purposes of professional development, education and funding we sometimes use case studies to illustrate our work. We will always protect the identity of the parties by changing or removing names and any other information that may identify someone.

**If you are happy for us to use material from your case, please put an X in the box [ ]**

**To be signed by Parent/Guardian/yp over 13**

I have read and understood the above and understand how to access hyh’s privacy policy

Name……………………………………………………………………………………………

Signature………………………………………………………………………………………

Date:……………………………………………………………………………………………

Name……………………………………………………………………………………………

Signature………………………………………………………………………………………

Date:……………………………………………………………………………………………

**Consent for children under 13**

**To be signed by Parent/Guardian**

I have read and understood the above and understand how to access hyh’s privacy policy. I consent to information being collected and stored for the purpose outlined in hyh’s Privacy Statement

Name……………………………………………………………………………………………

Signature……………………………………………………………………………………….

Date……………………………………………………………………………………………..

**Referral completed over the Phone:**

If you have been unable to meet with the family please put an **X** in the box so we know the family are aware of HYH’s privacy statement **[ ]**

If you have a safeguarding concern regarding someone, do you know where this needs to be reported to?

Safeguarding concerns regarding Children and young people under 18 needs to be reported to Children’s services on 0300 1234043

Safeguarding concerns regarding Vulnerable Adults need to be reported to Adult Care services on 0300 123404

Sometimes, mediation is not the right service for all families. If this is the case, we will help you to think about what support might be better for the family.

If you are in any doubt about whether this is an appropriate referral, or would like to talk through the form, please contact the Mediation Team on **03333 202 384** (option 2 then option 2 again).

We would appreciate it if you could include as much information as possible on the referral form to give us an opportunity to know more about the family and their needs, and to ensure that we are an appropriate service for the family. The form can be completed by the family themselves, or by a professional who has completed the form with a family member.

All sections need to be completed.

|  |  |
| --- | --- |
| **Date of Referral:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer’s Details:** | | | |
| Name |  | Email |  |
| Job role |  | Contact Number |  |
| Organisation |  |  |  |

|  |  |
| --- | --- |
| **Emergency Contact Details:** | |
| Name |  |
| Relationship to Young Person |  |
| Contact Number |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parties Wanting Mediation:** | | | | | | | | |
| **Party 1 – Young Person** | |  | | | **Party 2 -Parent/Guardian** | |  | |
| Name |  | | | | Name |  | | |
| Gender |  | | | | Gender |  | | |
| Preferred Pronouns |  | | | | Preferred Pronouns |  | | |
| Ethnicity |  | | | | Ethnicity |  | | |
| DOB |  | Age | |  | DOB |  | Age |  |
| Current Address |  | | | | Current Address |  | | |
| Post Code |  | | | | Post Code |  | | |
| Contact Number |  | | | | Contact Number |  | | |
| Email |  | | | | Email |  | | |
| Direct agreement to referral received? (please tick) | | |  | | Direct agreement to referral received? (please tick) | | |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parties Wanting Mediation:** | | | | | | | | | |
| **Party 3 – (Please indicate position in family)** | |  | | | **Party 4 (Please indicate position in family)** | |  | | |
| Name |  | | | | Name |  | | | |
| Gender |  | | | | Gender |  | | | |
| Preferred pronouns |  | | | | Preferred pronouns |  | | | |
| Ethnicity |  | | | | Ethnicity |  | | | |
| DOB |  | | Age |  | DOB |  | | Age |  |
| Current address |  | | | | Current address |  | | | |
| Post Code |  | | | | Post Code |  | | | |
| Contact number |  | | | | Contact number |  | | | |
| Email |  | | | | Email |  | | | |
| Direct agreement to referral received (Please tick) | | | |  | Direct agreement to referral received (please tick) | | | |  |

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| **Financial Situation:** |
| Are the family in receipt of any benefits? |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **School Details: (if applicable)** | | | | | | |
| Name of school | |  | | | | |
| Name of contact | |  | | | | |
| Contact number | |  | | | | |
| Email | |  | | | | |
|  | | | | | | |
| **Other services involved: (any other agencies or professionals that the family is working with)** | | | | | | |
| Name |  | | Name |  | | |
| Agency |  | | Agency |  | | |
| Contact Details |  | | Contact Details |  | | |
| Agreement for hyh to contact the above agencies to further support the progress of this referral? | | | | | Yes | No |
|  | | | | | | |
| **Please provide the following information to enable us to evaluate the appropriateness of our service:** | | | | | | |
| How would you describe the mental health and emotional wellbeing of members of the family, including any specific concerns or professional diagnoses of mental ill-health? | | | | | | |
|  | | | | | | |
| Is there any drug or alcohol use within the family? | | | | | | |
|  | | | | | | |
| Does anyone within the family have any offending history in the past five years (including any pending case)? If so, please provide details. | | | | | | |
|  | | | | | | |
| To what extent does the conflict in the family home escalate physically or verbally, or involve any other abusive behaviour (e.g. breaking objects in the home, physical abuse towards each other etc)? | | | | | | |
|  | | | | | | |
| Has any member of the family been involved in bullying, physical assault or anti-social behaviour outside of the family home, either as the victim or perpetrator? If so, what happened, and were there any criminal proceedings resulting from this? | | | | | | |
|  | | | | | | |
| Does any member of the family have an additional need or disability (diagnosed or undiagnosed)? | | | | | | |
|  | | | | | | |
| Does any member of the family have any communication requirements? (e.g. interpreter required, English as an additional language, visually impaired etc.) | | | | | | |
|  | | | | | | |
| Is there any other information you feel is relevant? | | | | | | |
|  | | | | | | |
| Have any safeguarding concerns written on this referral been shared with Children Services? | | | | | | |
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| **Additional Information:** |
| What has happened in the family that has resulted in this referral to mediation? |
|  |
| How would the family like mediation to help? |
|  |
| Where did you hear about the service? |
|  |
| **Thank you for completing this form.**  **Please return the completed form by email to the relevant address:**  [**mediation@hyh.org.uk**](mailto:mediation@hyh.org.uk) |