**Family Time Request Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Referral Date | dd/mm/yy | Family Name |  |
| Mosaic Number |  |
| Referring social worker |  |

1. **Details of Service Required**

|  |  |
| --- | --- |
| **Please give a brief summary of the present family situation. What are the main areas of concern and why is it considered necessary that family time is supervised?** |  |
| **How frequently is family time required?** |  |
| **And for what duration?** |  |
| **Will any third parties ever attend family time? If so who and why?** |  |
| **Are there any special tasks required of those supervising or special conditions to be applied?**  |  |
| **What will the transport and handover arrangements be?** |  |

1. **Details of the children / young people attending family time**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Mosaic number** | **Legal status** | **Additional needs Y/N** | **Carer details up to date? Y/N** | **Contact details up to date? Y/N** |
| **(Child 1)…** |  |  |  |  |  |
| **(Child 2)…** |  |  |  |  |  |
| **Add more lines** |  |  |  |  |  |
|  |  |  |  |  |  |
| Please detail hereany medical, psychiatric or emotional condition, disability or any other special needs of which those supervising family time should be aware, and which child / children this relates to |  |
| Each child’s perspective on family time and general information about the child’s identified needs and responses |  |

1. **Details of the adults who will attend family time**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Mosaic number** | **Relationship to child/ young person** | **PR? (state if for all / which children)** | **Contact details up to date? Y/N** |
| **Adult 1** |  |  |  |  |
| **Adult 2** |  |  |  |  |
| **Add more lines** |  |  |  |  |
| Any physical disability, learning disability or communication needs (and who this relates to?) |  |
| Any other relevant information (and who this relates to?) |  |
| Any special requirements arising from race, religion or culture |  |

1. **Risk Assessment**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Severity of risk 1-5**

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| --- |
|  |
|

|  |
| --- |
| 0 – Will never happen |
| 1- Very unlikely to occur |
| 2 – Not very likely to occur |
| 3 – Quite likely to occur at some point |
| 4 – Very likely to occur  |
| 5 – Certain to happen at some point |

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| --- | --- | --- | --- |
| **RISK FACTORS** | **SEVERITY OF RISK 0-5\*** | **CONTROL MEASURES TO BE PUT IN PLACE** | **RESIDUAL RISK 0-5** |
| Risk of abduction |  |  |  |
| Aggression, hostility or violence |  |  |  |
| Lack of practical parenting skills |  |  |  |
| Emotional harm to the child |  |  |  |
| Substance or alcohol misuse |  |  |  |
| Mental health concerns |  |  |  |
| Risk of sexual harm |  |  |  |
| Serious medical conditions |  |  |  |
| Inappropriate communications with child |  |  |  |
| Venue for family time |  |  |  |
| Unauthorised people attending family time |  |  |  |
|  |  |  |  |
| For any risk factors scoring 3 or above, please provide more detail regarding the nature of the risk: |  |