**Risk Assessment for Indirect Family Time**

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| BASIC INFORMATION | | | | | | |
| Family Name |  | | First Names |  | | |
| Dob |  | | Gender |  | | |
| Eclipse ID |  | | Ethnicity |  | | |
| Legal Status |  | | | | | |
| Type of current placement | |  | | | Start date |  |

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| **Current Health Status of Child’s Household (including child / carer)** |
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| **Current Health Status of Family Household (including any non-related adults in household)** |
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| **Type of Risk posed by Family Member** | **Yes / No** | **If yes give details on what would need to be in place to make indirect family time safe (if necessary)** |
| Have there been allegations/findings of sexual abuse towards the child? |  |  |
| Have there been allegations/findings of physical abuse towards these children? |  |  |
| Have there been allegations/findings of emotional abuse (including experiencing domestic violence) involving this child? |  |  |
| Have there been any allegations/findings of neglect towards this child? |  |  |
| Do any of the adults have any convictions against children? |  |  |
| **Risk to Others** | **Yes / No** | **Give details on what would need to be in place to make indirect family time safe (if necessary)** |
| Do Foster Carers already facilitate direct Family Time? |  |  |
| Do Foster Carers already facilitate indirect Family Time? |  |  |
| Have any of the family members been aggressive / violent to practitioners/carers before? |  |  |
| **Risk to Quality of Family Time** | **Yes / No** | **If yes give details on what would need to be in place to make indirect family time safe (if necessary)** |
| Do any of the family members have any alcohol/drug misuse that may impact upon indirect family time? |  |  |
| Do any of the family members have any mental health issues that may impact upon indirect family time? |  |  |
| Have any of the family members made previous threats to disrupt family time? |  |  |
| Have any of the family members previously failed to cooperate with conditions agreed for supervised direct family time? |  |  |
| Have any of the family members had previous incidents of coercion or inappropriate behaviour during family time? |  |  |
| Have any of the family members previously been threatening or emotionally abusive in family time with the child? |  |  |
| **Child’s Wellbeing** | **Yes / No** | **If yes give details on what would need to be in place to make indirect family time safe (if necessary)** |
| Does the child’s behaviour and needs, including medical needs, pose any risks to indirect family time? |  |  |
| Is there any other information you think a carer would need to know about this child and family member in order to make sure that the family time is safe for this child? |  |  |
| **Type of Indirect Family Time** | **Yes / No** | **If yes give details on what would need to be in place to make indirect family time safe (if necessary)** |
| Are there risks associated with phone calls between the family member and child? |  |  |
| Are there risks associated with video calls between the family member and child? |  |  |
| Are there risks associated with letters/card exchange between the family member and child? |  |  |
| Are there risks associated with photos between the family member and child? |  |  |
| Are there risks associated with videos being shared between the family member and child? |  |  |
| Is there any additional information you think a carer would need to know about this child and family member in order to make sure that the family time is safe for this child? | | |
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| **Child’s Wishes and Feelings** |
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| **Carer’s Wishes and Feelings** |
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| **Family Member’s Wishes and Feelings** |
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| **Independent Reviewing Officer’s Views** |
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| **Any Other Parties Views** |
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| **Recommendations and Expectations for Indirect Family Time** | | | | |
| **Type of Indirect Family Time and with whom** | **Frequency Agreed** | | **Who will Facilitate/Supervise?** | |
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| **Specific Issues for Supervision** *- Additional comments* | | | | |
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| **Rationale for Recommendation** *– consider the risks identified and provide analysis as to why the type of indirect arrangement has been recommendation* | | | | |
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| **Authorisation Comments on Recommendation** | | | | |
| **Name** | | **Date** | | **Sign** |
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