**Referral to be sent with Service Manager Approval.**

If any changes to family time are needed, the referral form should be update and resent to the Area Inbox.

**Please answer the below 3 questions before completing this referral form:**

|  |  |
| --- | --- |
| **Why does the family time need to be supervised?**  |  |
| **Have you explored if the foster carer or a family member to supervise? If no, please action this.****Please state the reason that the carer and/or a family member cannot supervise family time.** |  |
| **What are the risks to the child that requires supervised family time?** **(E.g. domestic abuse, drug and alcohol use etc.)**  |  |

**Referrer’s details:**

|  |  |
| --- | --- |
| **Social Worker:**  |  |
| **Number:** |  |
| **Email:** |  |
| **Team:** |  |
| **Manager:** |  |
| **When ideally does family time need to start:** **(Please note 24 hours’ notice is required)** |  |
| **Date Referral Completed by Social Worker:** |  |

**Child’s details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s full name** | **DOB** | **Ethnicity** | **Health Needs****(I.e. asthma, diet requirement etc)**  | **Additional needs and strategies (i.e. neurodiversity, personal care etc)** | **Additional information and strategies:** **(i.e. running away, sexualised behaviour, self-harming, mental health needs)**  |
|  |  |  |  |  |  |

**Child’s Home details (placement):**

|  |  |
| --- | --- |
| **Child’s name:** |  |
| **Carer’s name:**  |  |
| **Relationship to child (please indicate if F&F foster carer)** |  |
| **Address:** |  |
| **Number:** |  |
| **Email:** |  |
| **Supervising social worker:** |  |
| **Supervising social worker email:** |  |
| **The expectation is that the carer will transport child to and from family time****(Please state the exceptional circumstance if carer is unable to transport – this will need Contact Service TM approval)** |  |

**Legal Status / Court Order:**

|  |  |
| --- | --- |
| **Please state child’s legal status** **(i.e. ICO, ISO, S20):** |  |
| **Court ordered frequency and date of court order: (i.e 2 x a week for 1.5 hours):** |  |
| **Long term plan for the child:****(i.e. long-term fostering, foster to adopt, reunification)** |  |
| **Do you want reports to be sent directly to Legal:** **If yes, please provide details**  | **Name** | **Email**  |

**Details of parent’s or any other person approved to have family time:**

**If sessions are separate for parents, please complete a separate referral form.**

**Maximum of 3- 4 adults per session.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to the chid** | **Ethnicity**  | **Additional Needs and strategies** | **Number** | **Email** | **Address** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Overall assessment of risk level to the contact supervisor:**

|  |  |
| --- | --- |
| **Are there any risks to professionals?**  |  |
| **Is there a flight risk or risk of abduction:** |  |
| **Risk Classification: Low, Medium, High**Factors to consider:**Past Behaviour:** documented incidents in previous supervised family time**Engagement with Services:** are parents cooperative with support and interventions?Please use the below guidance (subject to reviewing) |  |
| **High Risk**History of violent behaviour or aggression towards professionals or another adult.Significant mental health concerns that impair and impact behaviour towards children or others.Threats of abduction or risk of absconding with the child.Previous failed or disrupted family time sessions.**Supervision level:**Minimum of 2 supervisors. | **Medium Risk**History of non-compliance with court orders or family time agreements but no immediate safety threats.**Supervision level:**1 to 2 supervisors depending on the specifics | **Low Risk** No significant history of violence to staff member/ another adult. **Supervision level**1 supervisor for standard monitoring. |

|  |  |
| --- | --- |
| **Please indicate which type of Family Time is required and rational:** |  |

**Family Time Arrangements (not guaranteed):**

|  |  |  |
| --- | --- | --- |
| **Day**  | **Time** | **Venue**  |
|  |  |  |

**Contact Supervisor Instructions:**

|  |  |
| --- | --- |
| **Requirements of the Supervisor during family time and specific observations required for the report:** |  |
| **How will family time impact the child? Please comment on strengths and areas for positive change?** |  |

**Other requirements/arrangements:**

|  |  |
| --- | --- |
| **Is Family Time in the community permitted?**Please specify where family time can happen. This will be subject to Contact Service TM approval. | **Visibility and Audibility** (Ability to always see and hear the parent and child/ren (consider lighting, noise level, and possible restrictions such as multiple floors). **Children's Age, Number of Children, Child's Needs, Parent’s Needs, Parent's Ability to respond to intervention. Road Safety Management.** |
| **We request parents remain in the room at start and end of family time– please confirm this has been discussed with the parent.** |  |
| **Is the parent permitted to take photos and videos of child?**  |  |
| **Can parents make use of video calls during the sessions?****Please provide the names.** |  |

**Approval:**

|  |  |
| --- | --- |
| **Service Manager:** |   |
| **Date:**  |  |
| **Contact Team Manager:**  |  |
| **Date:**  |  |

**Admin use only:**

|  |  |
| --- | --- |
| **Has the request for Family time been met in full?**  | **Yes / No (please delete as appropriate)****Reason:**  |
|  |  |
| **Is the Child/ren placed out of county:** | **Yes / No (please delete as appropriate)** |
|  |  |
| **Has Gateway to Resources been explored in respect to Independent Fostering Agencies supervising family time?** | **Yes / No (please delete as appropriate** |
|  |  |
| **Is an external agency required?** | **Yes / No (please delete as appropriate)Provide Details:** |