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| **This Form should be filled out by Social Workers who are 1) requesting a room for contact in a centre or 2) requesting Family Time Supervisors to supervise. Allocated supervised family time requests will be confirmed once the necessary arrangements have been made. All sections should be completed and any incomplete referrals will be rejected and no further work undertaken until the returned updated form has been received.** |

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| **1. Names of children who need family time:**

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| **Name** | **DOB** | **M/F** | **CareFirst ID** | **Ethnicity** | **Legal Status** | **School** |
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| **2. Is the child subject to Child Protection Plan? If so what category?** Emotional, Neglect, Sexual, PhysicalProceeding arrangements:  |

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| **3. Name and address of where child is currently placed and carer’s details:** Name:Address:Contact numbers:Email address: Date child placed: |

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| **4. Name(s) of Social Worker / Advanced Practitioner / Team Manager / Team and Address of their main work base and contact numbers (all areas need to be completed):**

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| **Team name:**  |

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| **Name** | **Address** | **Tel No** |
| Social Worker: |  |  |
| Advanced Practitioner: |  |  |
| Team Manager: |  |  |

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| **5. Name and contact details of Children’s Guardian(s) – CAFCASS (if applicable)**

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| **Name** | **Address** | **Tel No** |
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| **6. Summary of Background Information:** Please provide a brief summary of the child’s history and why family time is required   |

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| **7. Name and contact details of child’s parents / the person who has parental responsibility.**

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| **Name** | **DOB** | **Address + Tel No** | **PR? (parental responsibility)** |
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| **8. Can parents / family members meet or have family time together (if appropriate)?** Please be specific about which members of the family can have family time together and those that cannot, and those who cannot cross paths.  |

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| **9. Details of any specific needs/arrangements for either child or adults attending family time.** For example:Does the child need a specific type of car seat? Have community/home venues been risk assessed? Venue accessibility, room requirements? Are there any Health & Safety issues? Who will supervise the child while waiting for the family time supervisor?Include medical or health conditions, for example autism, ADHD, epilepsy, if medication is required during contact etc |

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| **10. Risks** include any of the following: drug and alcohol issues, mental health, absconding, violence, domestic violence, any geographical areas to avoid with the families, sexual offences against children (Sch 1 offences), criminal activity.

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| Are there any significant risks to be aware of? For example likelihood of abduction, aggressive behaviour, likely to arrive under influence, allegations or convictions of sexual nature | Mitigating factor(s): What behaviours should the Family Time Supervisor / centres be alerted to |
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| **11. Is there any other information that you feel would be relevant to safeguarding the children involved in this contact?** Can parent/s leave the building at the same time as the child/ren? / Can parent/s come into contact with the foster carer? |

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| **12. What level of supervision is required?**  **High Medium Low** Can personal care be undertaken?Can child/ren go to the toilet on their own? |

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| **13. Useful information:**Can those attending give presents/cards? Can those attending provide food, including sweets and soft drinks? (Please be specific as to what can / cannot be provided) Can those attending take photographs? (It is expected that that telephone calls will not be allowed in the sessions, although mobile phones may be used for their camera facilities)Can those attending take video? Details of any allergies / health issues? Who will be paying for any activities if a community session?What to do if the child / parent does not attend? |

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| **14. Family time arrangements** (location for family time; which days, start and end time for family time; frequency; attendees; transport arrangements etc. Please advise if not known. Please note that this needs to be in line with venue and staff availability and so may need to change from the actual request)Venue (please confirm if this is being requested or has already been booked)Day/s:Time:Days to avoid: Times to avoidFrequency of sessions (i.e. 1 x a week, fortnightly etc)Attendees: Please ensure that you advise who will be attending on the requested days i.e. the mother on one day and the father on another Transport arrangements:  |

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| **15. Please indicate which areas of assessment you want observed and recorded within the family time recording.** Include anything that should be observed, where the Family Time Supervisor should prompt / intervene. Note any court directions and if life story work should be undertaken.  |

**16. Dates / Details for review meeting** (as agreed at LAC Reviews, Courts, but may need to be considered between these events on a minimum 3-monthly basis with the social worker).

LAC Review date:

Court date:

Court Plan (if not known please update when this is available):

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| **Social Worker** | **Date** |
|  |  |
| **Completed By** | **Date** |
|  |  |

**Once fully completed (please ensure all sections are responded to) please send the referral and family time agreement to:** **contactteamncc@nctrust.co.uk**