Referral Form Family Time-Main Carer

About the Person Completing this Form

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| **Telephone number** |  | **Email address** |  |
| **Address including postcode** |  | | |

|  |
| --- |
| Relationship to the Family? (Main carer) |
|  |

|  |
| --- |
| How does you feel about using the service for family time? |
|  |

**About the Child(ren) Requiring Family time**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name | Date of Birth | Age | | Gender |
| **Child 1** |  |  |  | |  |
| **Child 2** |  |  |  | |  |
| **Child 3** |  |  |  | |  |
| **Child 4** |  |  |  | |  |
| **Child 5** |  |  |  | |  |
|  | | | | | |
| Do any of the children named above have any Disabilities, Health, or Additional Support Needs?  (Please also list Allergies Here) | | | Yes | No | |
| Comment | | | | | |
|  | | | | | |

|  |  |
| --- | --- |
| Please use this space to tell us about previous Family Time and why this ended? | |
| Date of last visit | Comment |
|  |  |

|  |  |
| --- | --- |
| How does the child(ren) feel about family time and what work has happened to prepare them? | |
| Children’s Feelings, Views Wishes and Preferences | Work Completed to prepare children for family time sessions |
|  |  |

**About the Adult Requiring Family time**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| **Telephone number** |  | **Email address** |  |
| **Address including postcode** |  | | |

|  |
| --- |
| How is the adult related to the child.  (Mother, Father, Sibling, Aunt, uncle, Grandparent, etc) |
|  |

|  |  |  |
| --- | --- | --- |
| Does this Person have Parental Responsibility? | Yes | No |
| Comment | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| Does this Person have any Disabilities, Health, or Additional Support Needs? | Yes | No |
| Comment | | |
|  | | |

**Court Proceedings**

|  |  |  |
| --- | --- | --- |
| Has the Court Ordered this family time? | Yes | No |
| Comment  (If yes, please detail the nature of the order, as well as the date it was made and the Court who wrote this) | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| Are there any Court Proceedings in the Family Court? | Yes | No |
| Comment  (If yes, please detail the nature of the order, as well as the date it was made and the Court who wrote this) | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| Is it possible that any of the parties might initiate new Proceedings in the Family Court? | Yes | No |
| Comment  (If yes, please detail the nature of the order, as well as the date it was made and the Court who wrote this) | | |
|  | | |

**About the Service Required**

Please read the following before completing the table below.

**Supported Family Time**

Supported family time helps to keep children in touch with parents if trust has broken down or communication is difficult. Parents do not have to meet, and several families use the facilities at the same time.

This is a form of family time where the level of risk is assessed to be lower than might be the case for supervised family time. It is also used to progress from supervised family time.

In supported family time, direct observations are not made, and reports are not written. Staff or volunteers will be present to ensure the comfort of those engaging in the service.

**Supervised Family Time**

Is there a potential risk of harm? The centre ensures the physical safety and emotional well-being of children in a one-to-one observed setting.

This form of family time is provided where it is assessed that there might be a higher risk or greater complexity in a family’s circumstance. These sessions will be supervised by staff who are experienced in this role.

Observations will be made, and reports will be written. It is generally expected that staff will remain within sight and sound of children at all times.

|  |  |  |
| --- | --- | --- |
|  | Tick As Appropriate | Comments (Include location/ frequency/length of sessions required) |
| **Supported - Norwich or Great Yarmouth alternate Saturdays** |  |  |
| **Supported – Norwich**  **Weekdays (Private Room)** |  |  |
| **Handover Service Norwich or Great Yarmouth** |  |  |
| **Supervised in a venue** |  |  |
| **Supervised in the community** |  |  |
| **Report required** |  |  |
| **Escorted Family Time** |  |  |
| **Virtual Family Time** |  |  |
| **Indirect Family Time** |  |  |
| **Child sessions** |  |  |
| **Family time Assessment** |  |  |
| **Prep work with Children** |  |  |
| **Prep work with adults** |  |  |

**Why the Service is Needed**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Nature of Concern | Risk | | | Risk Level | | |
| **Yes** | **No** | **Allegations** | **High** | **Low** | **None** |
| Tick appropriate option | | | Tick appropriate option | | |
| **Physical Abuse** |  |  |  |  |  |  |
| **Sexual Abuse** |  |  |  |  |  |  |
| **Neglect** |  |  |  |  |  |  |
| **Emotional Abuse** |  |  |  |  |  |  |
| **Domestic Abuse** |  |  |  |  |  |  |
| **Drug Misuse** |  |  |  |  |  |  |
| **Alcohol Misuse** |  |  |  |  |  |  |
| **Abduction** |  |  |  |  |  |  |
| **Conflict** |  |  |  |  |  |  |
| **Mental Health** |  |  |  |  |  |  |
| **Culture / Religion** |  |  |  |  |  |  |
| **Finance** |  |  |  |  |  |  |
| **Learning Difficulties** |  |  |  |  |  |  |
| **Parenting Capacity** |  |  |  |  |  |  |
| **Physical Impairments** |  |  |  |  |  |  |
| **Wider Family** |  |  |  |  |  |  |
| **Current Crime** |  |  |  |  |  |  |
| **Convictions** |  |  |  |  |  |  |
| **Other – Please specify** | | |  | | | |

|  |
| --- |
| If you have ticked yes to any of the above, please provide additional information |
|  |

|  |
| --- |
| Family time is usually a short-term steppingstone. Please provide your perception of how and / or when this family might be ready to move on from the service |
|  |

|  |  |  |
| --- | --- | --- |
| Is an interpreter required for this family? | Yes | No |
| Languages Spoken | | |
|  | | |
| **As the referrer we will be asking you to organise the interpreter. This must be a reputable professional.** | | |

|  |  |  |
| --- | --- | --- |
| Please sign below to confirm the following | | |
| 1. Both parties are aware of and in agreement with the referral.  2. The information included in this referral is accurate and truthful. | | |
| Name: | Signature: | Date of referral: |