FAMILY TIME REFERRAL FORM

REFERRER’S DETAILS

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

**SUBJECT/S DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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** |
|  |

**PARENT’S INFORMATION**

|  |  |
| --- | --- |
| Mother’s name:DOB: |  |
| **Telephone number** |  | **Email address** |  |
| **Address including postcode** |  |

|  |  |
| --- | --- |
| Father’s name:Dob: |  |
| **Telephone number** |  | **Email address** |  |
| **Address including postcode** |  |

**RELEVANT SIGNIFICANT OTHERS**

|  |  |
| --- | --- |
| Names |  |
| **Address:** |  |
| **Tel no:** |  |
| **Email address:** |  |
| **Relation:** |  |

|  |  |
| --- | --- |
| Names |  |
| **Address:** |  |
| **Tel no:** |  |
| **Email address:** |  |
| **Relation:** |  |

**PROFESSIONALS INVOLVED**

|  |  |
| --- | --- |
| Name |  |
| **Organisation** |  |
| **Telephone number** |  | **Email address** |  |
| **Nature of involvement** |  |

|  |  |
| --- | --- |
| Name |  |
| **Organisation** |  |
| **Telephone number** |  | **Email address** |  |
| **Nature of involvement** |  |

|  |  |
| --- | --- |
| Name |  |
| **Organisation** |  |
| **Telephone number** |  | **Email address** |  |
| **Nature of involvement** |  |

|  |
| --- |
| Who currently holds Parental Responsibility? |
|  |

**FINANCES**

Please see the referral guide for Parent-Help’s fee structure and payment processes. Please note the referrer is responsible for payment of the fee.

Parent-Help will not be able to proceed with this referral until the section below is completed.

**LOCAL AUTHORITY**

|  |
| --- |
| Please confirm your finance procedures with your finance department prior to referral otherwise there may be a delay in work beginning. |
| Is a Purchase Order number required for payment of Parent-Help’s invoice?  |  |
| Purchase Order number |  |
| Accounts Department |  |
| Phone number: |  |
| Email address: |  |
| Postal address: |  |

**SELF REFERRALS**

|  |
| --- |
| Please note that we only accept Bank Transfers. |
| Payee’s name:  |  |
| Address including postcode: |  |
| Telephone number |  |
| Phone number: |  |
| Email address: |  |

**PERSON/S RESPONSIBLE OF RECEIVING CONTACT REPORT**

|  |  |  |
| --- | --- | --- |
| Responsible Person #1 (Full Name and email) | Responsible Person #2 (Full Name and email) | Responsible Person #3 (Full Name and email) |
|  |  |  |

**COURT ORDERS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Order | Yes | No | Date Order Made | Comment |
| **Child Arrangements Order** |[ ] [ ]   |  |
| A Child Arrangements Order may determine where a child will live and with whom, and whether, how and when they will spend time with a parent or people including relatives other than those they normally live with. |
| **Prohibited Steps Order** |[ ] [ ]   |  |
| A Prohibited Steps Order (PSO) is an order that forbids someone from exercising PR in a particular manner. Some of the more common examples of PSOs include forbidding a parent from: • removing the child from the UK; • changing the child’s name; or • changing the child’s school. |
| **Specific Issues Order** |[ ] [ ]   |  |
| A Specific Issue Order (SIO) is an order made by the Family Court where a dispute arises about a question of how PR is exercised. |
| **Non-Molestation Order** |[ ] [ ]   |  |
| A non-molestation order is typically issued to prohibit a person from using or threatening physical violence, intimidating, harassing, pestering, or communicating with the victim of these actions. An order could prevent the abuser coming within a certain distance of a person, or address. It could also include children in certain circumstances. An order will also prevent an abuser from instructing or encouraging others to do any of those actions. |
| **Any Other Order** |  |  |
| **Name:** |  |  |

**IDENTIFIED RISKS**

|  |  |  |
| --- | --- | --- |
| 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** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Pets** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Other** | **Please provide information about any other risks in the space below.**  |
|  |  |
| **If you have ticked yes to any of the above, please provide additional information** *(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)* |
|  |

|  |
| --- |
| 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 or absent parent?)* |
|  |

**ADDITIONAL INFORMATION**

|  |
| --- |
| Please use this space to tell us about previous family time (if any) and why this ended?*Please provide information on any issues if any, that may have arose from previous provider* |
| Date of last visit | 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)* |
|  |

**INTERPRETER**

|  |  |  |
| --- | --- | --- |
| 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.* |

|  |
| --- |
| Can personal care be undertaken? |
|  |

|  |
| --- |
| Can child/ren go to the toilet on their own? |
|  |

|  |
| --- |
| 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? |
|  |

|  |
| --- |
| Can those attending take video? |
|  |

|  |
| --- |
| It is expected that that telephone calls will not be allowed in the sessions unless earlier informed, although mobile phones may be used for their camera facilities) |
|  |

|  |
| --- |
| What to do if the child / parent does not attend? |
|  |

**SERVICE REQUIRED**

|  |
| --- |
| Type of contact |
| **[ ]  Supervised Contact** **[ ]  Supported/Community Contact****[ ]  Handover Contact****[ ]  Letterbox Contact** |

**CONTACT ARRANGEMENTS**

|  |
| --- |
| Please indicate which areas of assessment you would particularly like covered within contact reports.*Include anything that should be observed, where the Contact Supervisor should prompt / intervene. Notes any court directions* |
|  |

|  |
| --- |
| Transport Arrangements |
|  |

|  |
| --- |
| Frequency of the Contact*Weekly, bi-weekly, monthly, other* |
|  |
| **Preferred Day/s for Contact** |  |
| **Days to Avoid** |  |
| **Preferred Start times** |  |
| **Preferred contact venue (s)** |  |
| **Duration of the contact** |  |

|  |
| --- |
| 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:** |
|  |  |  |

**PLEASE NOTE:** Any issues of confidentiality and disclosure of information are over-ruled by safeguarding issues involving children and vulnerable Adults. You also by completing this form give us consent to seek and share information with relevant agencies as part of our risk assessment process.

**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.