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**Referral form for Family time from FAST** **– when complete please send this form to cumberland.FAST@cumberland.gov.uk**

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| --- | --- |
| **Child/ren name (age/gender)** |  |
| **LCS ID**  |  |
| **Who does the child live with and relationship to them?** |  |
| **Confirm address and phone number correct on LCS where the child/ren is currently residing.****Is this a confidential address?** |  |
| **Who does the child/ren need to Family time with supervised by FAST?****Provide their contact details** |  |
| **Additional support required (e.g. interpreter/advocate)** |  |
| **Key professionals involved (e.g Education, Guardian)** |  |
| **Plan status (CP/CIN Cared for – specify under what legislation).** |  |
| **Allocated SW and TM/Team**  |  |
| **What frequency and duration of Family time has been agreed in court?** |  |
| **Is there a preferred venue or any to be avoided? Can Family time take place in the community/activity based?** |  |
| **Can the carer transfer; if so any limitations?** |  |
| **Any restrictions on child/parents availability (work/probations/professional interventions).** |  |
| **Level off supervision needed –****Level 1** – Room only**Level 2** – Semi-Supervised**Level 3**- Full supervision allowing worker out of room for short period of time**Level 4** – Full Supervision**Level 5** – Two workers |  |
| **Have family members/foster parents been considered to supervise? Is support needed to enable them to fulfil this role?** |  |

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| --- | --- |
| **Things we know work well** | **Areas of worry** |
|  |  |

**RISK ASSESSMENT PERTAINING TO ADULT**

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| --- | --- | --- |
| **Potential risk/support need** | **Yes/No** | **Details**  |
| **Substance misuse**  |  |  |
| **Alcohol misuse** |  |  |
| **History of violent behaviours** |  |  |
| **History of threatening behaviours** |  |  |
| **Self harm** |  |  |
| **Mental health diagnosis**  |  |  |
| **Risk of absconding (with child)** |  |  |
| **Can photographs be taken in SFT?** |  |  |

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| **Area’s of focus with family time observation and intervention required? (3 key priorities)** |
|  |
| **How will we know it is working well? What would we like to see?** |
|  |
| **Review points (key dates – Court/Reviews etc/midpoint/final report)**  |  |
|  |  |
| **Agreed by Team Manager SAP (name and date) – Please note no referrals will be progressed unless the risk assessment is complete in full.** |  |
|  |  |
| **For use in FAST**  | **Outcome** |
| **Allocated to CFW –****Family time offer made -** |  |
| **Further information required (consult TM)** |  |
| **Awaiting allocation (add review date)** |  |
| **Review date to be attended by Practitioners and managers across both services (date to be inserted – maximum 8 weeks)**  |  |
| **Referral form uploaded to LCS date (FAST)** |  |