**Referral Information required by Family Time Team**

**Social Worker:** **Team:**

**Team Manager:** **Team:**

**Social Work Assistant: Team:**

 **-currently covering Family Time Yes No**

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| **FOXCROFT** |  | **LAVENDER WALK** |  | **SOUTH** |  |

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| **Office Use Only** |
| Referral Received |  |
| Date of first FT  |  |
| Date reviewed |  |
| Contact ended |  |

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| --- | --- | --- | --- | --- | --- |
| **Name of Child(ren)** | **DOB** | **Gender**  | **Ethnicity** | **Language** | **Legal Status** |
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| --- |
| **Placement details** |
| **Carer** | **Address** | **Telephone** | **Relationship to child** |
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| --- | --- | --- |
| **Supervising Social Worker/link worker**  | **Leeds Fostering or IFA**  | **Telephone** |
|  |  |  |

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| **Details of family members/people having contact:** |
| **Name** | **Address** | **DOB** | **Telephone** | **Relationship to child (PR)** |
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| **Please state any illness, allergies, health needs or disabilities of the children** |
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| --- | --- | --- | --- |
| **School or Early Years Setting**  | **Establishment address** | **Telephone** | **Contact Person** |
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| **Brief history of social work involvement with the family outlining significant areas of concern.** **-outline any emotional abuse/physical abuse/sexual abuse/neglect experienced by the children****-outline areas of risk and vulnerability for adults involved i.e. domestic violence/poor home conditions/learning difficulties/physical disability/mental illness/substance misuse****-please detail any on-going police investigation or criminal proceedings** |
|  |

**FAMILY TIME – points to consider highlighted in red**

|  |  |
| --- | --- |
| **Suggested frequency and length of FT** |  |
| **Transport details to and from Family Time****-carers/taxi transport in place****-transport required****-pick up/drop off destination and times** |  |
| **Language spoken at home****-is an interpreter needed** |  |
| **Recommended level of supervision and setting/environment** **-Supported or supervised levels****-can family go into the community****-use of social media and facetime restrictions****-are photographs allowed to be taken and by whom** |   |
| **What is the purpose of the contact?****\*SW to share assessment plan with SWA\*****-what is to be achieved with parents in Family Time?****-areas of parenting that can be supported in Family Time by SWA supervisor** **-practical skills****-feeding routine****-bathing****-evidence of emotional warmth****-parenting assessment sessions that can take place during Family Time****-is there a PAMS style assessment being completed** |  |

**Looked After details**

|  |  |
| --- | --- |
| **DARP date** |  |
| **Next Looked After Review****-Family Time SWA/TM to be invited to Looked After Review**  |  |
| **IRO details** |  |

**Court timetable**

|  |  |
| --- | --- |
| **Court Orders/s.20****-any details in relation to Family Time in Order****-Contract of Expectations to be shared with Family Time Team** |  |
| **Date of Initial Hearing** |  |
| **Date of Next Hearing** |  |
| **Date of IRH** |  |
| **Local Authority Solicitor** |  |
| **Children’s Guardian** |  |