Professional Referrals Form

About the Person Completing this Form

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

|  |
| --- |
| Relationship to the Family? |
|  |

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

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| --- |
| 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 |
|  |  |

|  |  |
| --- | --- |
| Names of people the children live with? |  |
| **Telephone number** |  | **Email address** |  |
| **Address including postcode** |  |

|  |  |  |
| --- | --- | --- |
| Do these people have Parental Responsibility? | Yes | No |
|  |[ ] [ ]
| Comment |
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| Relationship to the Children? (Mother, Father, Brother, Sister, Aunt, Uncle, carers) |
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| How does this person feel about using a Family Time service? |
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| --- |
| How do 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/s Requiring Family Time**

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

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| How is the adult related to the child?(Mother, Father, Sibling, Aunt, uncle, Grandparent, etc) |
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|  |  |  |
| --- | --- | --- |
| Does this Person have Parental Responsibility? | Yes | No |
|  |[ ] [ ]
| Comment |
|  |

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

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| How does this adult feel about using the service for Family Time? |
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**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) |
|  |

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

|  |  |  |
| --- | --- | --- |
| Are there any ongoing 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) |
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| --- | --- | --- |
| 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) |
|  |

**Details of any other professionals working with the family**

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

**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 (Preferred location/frequency/length of sessions required) |
| **Supervised Family time****Norfolk/Suffolk** |  |  |
|  |
| **Supported – Norwich****Weekdays (Private Room)** |  |  |
| **Supervised in the community** |  |  |
| **Report required** |  |  |
| **Escorted Family time**  |  |  |
| **Virtual Family time**  |  |  |
| **Indirect Family time** |  |  |
| **Child sessions** |  |  |
| **Supported Family Time Norwich or Great Yarmouth**  |  |  |
| **Prep work with Children** |  |  |
| **Prep work with adults** |  |  |

**Why the Service is Needed**

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

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

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| --- |
| 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: |
|  |  |  |