**Text, calendar

Description automatically generated**

**Family Time Arrangement**

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| **FAMILY TIME ARRANGEMENT** | |
| **Name of Child(ren):** |  |
| **Meeting Date:** |  |
| **Present:**  *Contact centre representative (chair), Family members, Child’s SW, Foster carers, FSW,* |  |
| **What is the purpose of the family time?** |  |
| **Wishes of the child/ young person?** |  |
| **Who will attend?**  *Does someone else need to be there (foster carer/ SWA)? Why? Who should this be? What is their role? What is the level of supervision?* |  |
| **Consider the risk assessment**  *Each identified risk needs to be discussed and a plan around how this should be managed.* |  |
| **Is there anyone who shouldn’t attend?**  *What happens if they do attend? Other children of birth family?* |  |
| **What level of notes are needed by the person supervising?**  *What information will get shared about family time? With whom? (other family members? SW? FSW?)* |  |
| **Where can it happen?**  *Indoor/ outdoor plan? Who decides? Who pays for activities? Who provides refreshments? Is there anywhere it can’t happen? How will everyone get there?* |  |
| **Health and safety**  *What happens if a family member smokes? Is under the influence of drugs/ alcohol? Are they allowed to bring food? Drinks? Sweets? Presents? Any allergies/ dietary requirements or health information? Taking photos? Making phone calls? Toileting? Changing nappies? What if people are late? What happens? Who should they call? Leave after 15 mins?* |  |
| **What can we discuss?**  Who will manage any behaviour from the child/ young person? Who makes the rules? Who is called Mummy/Daddy? Is it OK to say “I love you, I miss you”? Is it OK to have a cuddle?  Can we talk about why the child does not live with birth parents? |  |
| **Goodbyes- where and when will they happen?** |  |
| **Who will be supporting this child?**  *How can the child tell us if they have had enough?* |  |
| **Any specific issues for the carers?** |  |
| **Needs of other children in the household**  *(school runs other commitments etc)? Any dates they can’t do (holidays/ training etc)? Any other safe care considerations?* |  |
| **Any specific issues for the family?** |  |
| **Any issues raised by the young person that have not yet been addressed?** |  |
| **What happens if the agreement is broken?** |  |
| **Immediate plan and then longer term?** |  |
| **When will this be reviewed?** |  |
| **Initial timetable:** |  |