## Referral Form and Risk Assessment for supervised contact

|  |  |  |  |
| --- | --- | --- | --- |
| Logo, company name  Description automatically generated  **1. This form needs to be completed in full**  2. **Please see table on p.8 for Ethnic Codes** | | Office use only | |
| Received by centre/service |  |
| Referral taken by |  |
| Programme/Contact agreed |  |
| Interpreter booked |  |
| Pre-visit date |  |
| 1st contact date |  |
| Dates reviewed |  |
| Contact end date |  |
| **Name of centre supplying contact/service** | CHAS Community Child Contact Centre | | |

#### Referrer

|  |
| --- |
| Name: |
| Address: |
|  |
| Postcode: |
| Telephone: |
| Fax: |
| Email: |

#### Nature of Service(s) required

|  |  |  |
| --- | --- | --- |
| **Please indicate which of the following you would like the centre to provide** | | **Please tick P** |
| Indirect Contact: | |  |
| Escorted Contact: | |  |
| Life Story/Identity Contact: | |  |
| Supervised contact (Observed, Recorded and Reported): | |  |
| Contact Assessment: | |  |
| Domestic Abuse - work with victims, perpetrator programmes and children | |  |
| What are the principle reasons for wanting this contact or service(s)? | | |
| **1** |  | |
|  |  | |
| **2** |  | |
|  |  | |
| **3** |  | |
|  |  | |

#### Views and expectations of contact or services required

|  |
| --- |
| Please indicate what the adults’ views and expectations of contact or services required are: |
| Adult with whom the children reside: |
|  |
|  |
|  |
| Adult requesting contact: |
|  |
|  |
|  |

|  |
| --- |
| Where their age and level of understanding allows please indicate what the child(ren’s) views and expectations of contact are: |
|  |
|  |
|  |

#### Child(ren)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name(s)** | **Age** | **Date of Birth** | **Male/Female** | **Ethnicity** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Who do child(ren) live with? | | | | |
| Who has parental responsibility? | | | | |

#### Adult with whom the child(ren) live

|  |  |  |
| --- | --- | --- |
| Name: | | |
| Relationship to child(ren): | | Ethnicity: |
| Address: | | |
|  | | |
| Postcode: | | |
| Telephone: | Mobile: | |

#### New Partner

|  |  |
| --- | --- |
| Does the adult with whom the children live have a new partner? | Yes/No |
| Name: | |

#### Confidentiality

|  |  |
| --- | --- |
| Can the adult with whom the children live know or be given contact details relating to the adult requesting contact? | Yes/No |
| Details: | |
|  | |
|  | |

#### Adult requesting contact/services

|  |  |  |
| --- | --- | --- |
| Name: | | |
| Relationship to child(ren): | | Ethnicity: |
| Address: | | |
|  | | |
| Postcode: | | |
| Telephone: | Mobile: | |

#### New Partner

|  |  |  |
| --- | --- | --- |
| Does the adult requesting contact/services have a new partner? | | Yes/No |
| Name: |  | |

#### Confidentiality

|  |  |
| --- | --- |
| Can the adult requesting contact / services know or be given contact details relating to the adult with whom the children live? | Yes/No |
| Details: | |
|  | |
|  | |

#### Solicitors

|  |  |
| --- | --- |
| Is contact with either party’s solicitor necessary? | Yes/No |
| If yes please indicate why? | |
|  | |
|  | |
|  | |

#### Adult with whom the child(ren) live

|  |  |  |
| --- | --- | --- |
| Solicitors Name: | | |
| Practice: | | |
| Address: | | |
|  | | |
| Postcode: | Email: | |
| Telephone: | | Mobile: |

#### Adult requesting contact/services

|  |  |  |
| --- | --- | --- |
| Solicitors Name: | | |
| Practice: | | |
| Address: | | |
|  | | |
| Postcode: | Email: | |
| Telephone: | | Mobile: |

#### Previous contact

|  |
| --- |
| When and where did contact last take place? |
|  |
| Who was involved in this contact? |
|  |
|  |
| Why did it breakdown? |
|  |
|  |
| Has this family ever used another centre? Yes/No |
| Name of centre and dates used: |
|  |
| Why did the contact end at this centre? |

#### Proposals for services/contact

|  |  |
| --- | --- |
| Number of sessions required: | |
| Specified in a court order: | Yes/No |
| Agreed by all parties: | **Yes/No** |
| Frequency of sessions required: | |
| Specified in a court order: | Yes/No |
| Agreed by all parties: | **Yes/No** |
| Length of sessions requested/required | |
| Specified in a court order: | Yes/No |
| Agreed by all parties: | **Yes/No** |
| Preferred start date to commence: | |
| Specified in a court order: | Yes/No |
| Agreed by all parties: | **Yes/No** |
| Who will bring/collect the children? | |
| Specified in a court order: | Yes/No |
| Agreed by all parties: | **Yes/No** |

|  |  |  |  |
| --- | --- | --- | --- |
| Are the parents and other adults involved in the contact willing to meet? | | | Yes/No |
| Specified in a court order: | Yes/No | | |
| Agreed by all parties: | **Yes/No** | | |
| If the parents and other adults involved in the contact are not willing to meet please indicate why: | | | |
|  | | | |
|  | | | |
| Can the child(ren) be taken out of the centre? | | Yes/No | |
| If Yes, please indicate what has been agreed or ordered by the court: | | | |
|  | | | |
|  | | | |

|  |  |  |
| --- | --- | --- |
| Are any other adults and or child(ren) allowed to participate in contact? | | Yes/No |
| Names of adults: | | |
| Relationship to child(ren): | | |
| Names of child(ren): | | |
| Relationship to child(ren) involved in service/contact: | | |
| Specified in a Court Order: | Yes/No | |
| Agreed by all parties: | **Yes/No** | |

|  |  |
| --- | --- |
| Additional information | |
| Are there any other arrangements or agreements relating to the taking of photographs, exchange of gifts or food for the children? | Yes/No |
|  | |
|  | |
|  | |

#### Health and medical requirements

|  |
| --- |
| Do any of the children or adults involved in the contact or services have any special needs or requirements relating to illness, impairment, allergies, special needs or other? (please specify) |
| Children: |
|  |
| Adults: |
|  |

#### Language/interpreter requirements

|  |  |
| --- | --- |
| Will an interpreter be required? | Yes/No |
| Language spoken: | |
| Who will provide and pay for the interpreter? | |

#### Court Orders

|  |
| --- |
| Name(s) of child(ren) or adult(s) to whom the order relates: |
|  |
|  |
| Type of order (care, residence, contact, parental responsibility, specific issues, prohibited steps, injunctions or other), please specify: |
|  |
|  |
| Court making order: |
| Date order made: |
| Date of next court hearing: |

#### Previous Convictions / Findings of Fact

|  |
| --- |
| Please give full details of any offences or findings of fact involving children, domestic abuse, sexual offences, drugs, arson and firearms. |
| Name of adult to whom conviction relates: |
| Nature of conviction: |
| Details of conviction: |
|  |
|  |
|  |
| Date of conviction: |

#### Local Authority involvement

|  |  |
| --- | --- |
| Does one or more local authority Children’s Services Departments know the family? | Yes/No |
| Name of authority: | |
| Name of worker: | |
| Child(ren) involved: | |
| Nature of involvement: | |
| Dates of involvement: | |

|  |  |
| --- | --- |
| Are any of the children involved in the proposed contact or services currently on the Child Protection Register? | Yes/No |
| Child(rens) name(s): | |
| Category: | |
| Date registered: | |
| Date of next conference: | |

|  |  |
| --- | --- |
| Are any of the children involved in the proposed contact or services currently on the Educational Special Needs Register? | Yes/No |
| Child(rens) name(s): | |
| Specific behavioural/learning difficulties: | |
|  | |
|  | |
|  | |
| Date registered: | |

|  |  |
| --- | --- |
| Do any of the children involved in the proposed contact or services have a Common Assessment Entry? (Please see definitions provided): | Yes/No |
| If yes please give details: | |
|  | |
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|  |  |
| --- | --- |
| What other agencies are the family known to and or been involved with? | |
| Name of agency 1: | |
| Address: | |
| Telephone: | Email |
| Name of worker: | |
|  | |
| Nature of involvement: | |
|  | |
| Dates of involvement: | |

|  |  |
| --- | --- |
| Name of agency 2: | |
| Address: | |
| Telephone: | Email |
| Name of worker: | |
|  | |
| Nature of involvement: | |
|  | |
| Dates of involvement: | |

#### Risk Assessment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please indicate which of the following have affected or are continuing to affect the family you are referring and what is the current level of risk: | | | | |
| Safeguarding children | Yes/No/Allegation | High | Low | None |
| Physical Abuse Sexual Abuse: |  | **\*** | **\*** | **\*** |
| Emotional Abuse: |  | **\*** | **\*** | **\*** |
| Neglect: |  | **\*** | **\*** | **\*** |
| Risk of Abduction: |  | **\*** | **\*** | **\*** |
| Other potential concerns |  | **\*** | **\*** | **\*** |
| Domestic abuse: |  | **\*** | **\*** | **\*** |
| Conflict between adults: |  | **\*** | **\*** | **\*** |
| Alcohol abuse: |  | **\*** | **\*** | **\*** |
| Drug/substance abuse: |  | **\*** | **\*** | **\*** |
| Mental health issues: |  | **\*** | **\*** | **\*** |
| Cultural issues: |  | **\*** | **\*** | **\*** |
| Religious issues: |  | **\*** | **\*** | **\*** |
| Immigration / asylum: |  | **\*** | **\*** | **\*** |
| Financial issues: |  | **\*** | **\*** | **\*** |
| Medical condition adult/child: |  | **\*** | **\*** | **\*** |
| Physical impairments adult/child: |  | **\*** | **\*** | **\*** |
| Learning difficulties adult/child: |  | **\*** | **\*** | **\*** |
| Parenting skills: |  | **\*** | **\*** | **\*** |
| Involvement of other family members in the contact: |  | **\*** | **\*** | **\*** |
| Risk of violence towards staff: |  | **\*** | **\*** | **\*** |
| Risk of self-harm: |  | **\*** | **\*** | **\*** |
| Other (please specify): |  | **\*** | **\*** | **\*** |

#### Additional Information

Where you have identified an area of concern please provide information relating to:

* The nature and extent of the concern;
* The families/parties awareness of the concern;
* The families/parties motivation to change;
* The families/parties capacity to change;
* The involvement of any other agencies;
* The impact of the concern upon the child(ren) in relation to any contact or services being provided.

#### Area of concern 1

|  |
| --- |
| Nature and extent of concern: |
|  |
|  |
| Families/parties awareness of concern: |
|  |
|  |
| Families/parties motivation to change: |
|  |
|  |
| Families/parties capacity to change: |
|  |
|  |
| Involvement of other agencies: |
|  |
|  |
| Impact upon the child(ren) in relation to contact and or services being provided |
|  |
|  |

#### Area of concern 2

|  |
| --- |
| Nature and extent of concern: |
|  |
|  |
| Families/parties awareness of concern: |
|  |
|  |
| Families/parties motivation to change: |
|  |
|  |
| Families/parties capacity to change: |
|  |
|  |
| Involvement of other agencies: |
|  |
|  |
| Impact upon the child(ren) in relation to contact and or services being provided |
|  |
|  |

#### Area of concern 3

|  |
| --- |
| Nature and extent of concern: |
|  |
|  |
| Families/parties awareness of concern: |
|  |
|  |
| Families/parties motivation to change: |
|  |
|  |
| Families/parties capacity to change: |
|  |
|  |
| Involvement of other agencies: |
|  |
|  |
| Impact upon the child(ren) in relation to contact and or services being provided |
|  |
|  |

|  |
| --- |
| Additional information relating to the referral, proposed contact or services being provided: |
|  |
|  |
|  |
|  |

**Both parties are aware of and in agreement with the referral.**

#### Name: ………………………………………………

**Signed: ……………………………………………………………………………**

**Date of Referral: ………………………………………………………………**

**Ethnic Codes must be entered**

|  |  |  |
| --- | --- | --- |
| **Cat** | **Ethnicity** | |
| I | Asian or Asian British | 1. Bangladeshi |
| 2. Indian |
| 3. Pakistani |
| 4. Other (please specify) |
| J | Black or Black British | 5. African |
| 6. Caribbean |
| 7. Other (please specify) | |
| K | Chinese | 8. Chinese |
| L | Mixed | 10. Asian & White |
| 11. Black African & White |
| 12. Black Caribbean & White |
| 13. Other (please specify) |
| M | White | 14. British |
| 15. Irish |
| 16. Other |
| N | Other Ethnic Group | 17. (please specify) | |