## PRECIOUS CHILD CONTACT SERVICES

## Referral Form and Risk Assessment for Contact

|  |  |  |
| --- | --- | --- |
| **This form needs to be completed in full** | 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 |  |
|  |  |  |

#### REFERRER (The person completing the form)

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

#### NATURE OF SERVICE(S) REQUIRED

|  |  |  |
| --- | --- | --- |
| **Please indicate which of the following you would prefer the centre to provide** | | **Y/N** |
| Supervised contact (with report) | |  |
| Supervised contact (No report) | |  |
| Supervised Community Contact (with report) | |  |
| Supported Contact in the Centre (No report) | |  |
| Supported Community Contact with a supervisor (No report) | |  |
| Virtual Supervised Contact (Zoom with report ) | |  |
| Virtual Supported (Zoom with No report) | |  |
| Handover (No report ) | |  |
| Family Support Work in the family home and community (brief report) | |  |
| WHAT ARE THE REASONS FOR WANTING THIS CONTACT OR SERVICE? | | |
| **1** |  | |
| **2** |  | |

#### CONTACT CENTRE

|  |  |  |  |
| --- | --- | --- | --- |
| CHINGFORD | 5 HATCH LANE, E4 6LP | YES | NO |
| HORNSEY | CLARENDON ROAD N8 0DJ | YES | NO |

#### 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) | DOB | Age | Male/Female | Ethnicity |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Who has Parental Responsibility? |  | | | |

#### ADULT WITH WHOM THE CHILD(REN) LIVE

|  |  |
| --- | --- |
| Name: |  |
| Relationship to child(ren): |  |
| Date of Birth: |  |
| Address: |  |
| Postcode: |  |
| Email: |  |
| Telephone: | Mobile: |

#### SOLICITOR’S DETAILS

|  |  |
| --- | --- |
| Solicitors Name: |  |
| Practice: |  |
| Address: |  |
| Postcode: |  |
| Email: |  |
| 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): |  |
| Date of Birth: |  |
| Address: |  |
| Postcode: |  |
| Email: |  |
| Telephone: | Mobile: |

#### SOLICITOR’S DETAILS

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

#### PREVIOUS CONTACT

|  |  |
| --- | --- |
| When and where did contact last take place? |  |
| Who was involved in this contact? |  |
| Why did it break down? |  |
| Has this family ever used another centre? |  |
| Name and address of centre: |  |
| Telephone: |  |
| Dates used: |  |
| Why did the contact end at this centre? |  |

#### PROPOSALS FOR SERVICES/CONTACT

|  |  |  |
| --- | --- | --- |
| Number of sessions required? | Court ordered | Agreed by parties |
|  | Yes / No | Yes / No |
|  | | |
| How often are the sessions? | Court ordered | Agreed by parties |
| Yes / No | Yes / No |
|  | | |
| How many hours? | Court ordered | Agreed by parties |
|  | Yes / No | Yes / No |
|  | | |
| Preferred start date? | Court ordered | Agreed by parties |
|  | Yes / No | Yes / No |
|  | | |
| Who will bring/collect the child/ren? | Court ordered | Agreed by parties |
|  | Yes / No | 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 supervised or supported? | 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 |
| Name of the adult: |  | |
| Relationship to the child(ren): |  | |
| Names of the child(ren): |  | |
| Relationship to the child(ren) involved in service/contact: |  | |
| Specified in the Court Order: | | Yes / No |
| Agreed by all parties: | | Yes / No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| RESTRICTIONS OR AGREEMENTS | | | | | |
| If both parents have parental responsibilities the visiting parent/s are allowed the below  (**unless specified in the Court Order**) | | | | | |
| Take photos of the child/ren during the session. | | | Record the child/ren during the session. | | |
|  | | | | | |
| Give gifts to the child/ren during the session. | | | Provide food and drink during the session. **(taking into consideration any dietary requirements)** | | |
| Both parents need to agree to the below for it to happen | | | | | |
| Use the telephone to communicate or facetime with other family members during their session? **(only for 10mins)** | | | Are any family members allowed to attend the session? | | |
| YES | NO | REVIEW | YES | NO | REVIEW |

#### 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

|  |  |  |  |
| --- | --- | --- | --- |
| Do you require an interpreter? | Yes / No | | |
| Language spoken: |  | | |
| Who will provide for the interpreting service?  **Please note: if the centre has to provide the interpreter the cost will be met by the family/LA** | Centre | Social Worker | Other |

#### 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: |  |
| Do you have a current Court Order?If yes please provide a copy with this referral |  |

#### 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 Social Worker: |  | |
| Telephone: |  | |
| Email Address: |  | |
| 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: |  | |

|  |  |  |
| --- | --- | --- |
| What other agencies are the family known to and or been involved with? | | Yes / No |
| Name of agency: |  | |
| Name of worker: |  | |
| Telephone: |  | |
| Email: |  | |
| Nature of involvement: |  | |
| Dates of involvement: |  | |

#### RISK ASSESSMENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please indicate which of the following have affected or are continuing to affect the family. What is the current level of risk? | | | | |
| Safeguarding Children | Yes / No / Allegation | High | Low | None |
| Sexual Abuse: |  |  |  |  |
| Physical Abuse: |  |  |  |  |
| Emotional Abuse: |  |  |  |  |
| Neglect: |  |  |  |  |
| Risk of Abduction: |  |  |  |  |
| Other Potential Concerns | | | | |
| Conflict between adults: |  |  |  |  |
| Domestic abuse: |  |  |  |  |
| 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: |  |  |  |  |
| Are there conflicts between family members involved in the contact? |  |  |  |  |
| Risk of violence towards staff: |  |  |  |  |
| Risk of self-harm: |  |  |  |  |
| Other (please specify): |  |  |  |  |

**AREA OF CONCERN**

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

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

|  |  |  |
| --- | --- | --- |
| **Are both parties aware of and in agreement with the referral?** | YES | NO |
| **Can this referral be shared with the other party?** | YES | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Name: |  |
| Signed: |  | Signed: |  |
| **Relationship or Position** |  | Relationship or Position |  |
| Date: |  | Date: |  |

Please email this completed referral to: [info@preciouschildcontactservices.co.uk](mailto:info@preciouschildcontactservices.co.uk)

Please note that the £60 non-refundable Registration fee needs to be paid before processing your referral.

Thank you

Precious Child Contact Services