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**WOMEN’S WORK (DERBYSHIRE) LTD**

**SUPERVISED CONTACT Referral Form and Risk Assessment (Supervised Contact)**

Name of Child Contact Centre: Women’s Work (Derbyshire)Ltd

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| Wherever possible this form needs to be seen and completed by both parties’ solicitors and any  other professionals involved with the family.  Contact cannot commence until this form has been completed in full and received by the Centre Coordinator.  All information will be treated in the strictest of confidence.  **Please ensure ALL relevant sections are completed, omissions may delay contact or could cause contact to be cancelled**.  **Please print clearly.** | **Office use only** | |
| Referral received |  |
| Date of pre-visit |  |
| Date of first contact |  |
| Dates reviewed |  |
| Contact ended |  |

**Child(ren)**

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

**Adult requesting contact/services**

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

New Partner

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

**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: | |

**Referrer**

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

**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: | |
|  | |
| Telephone: | Email: |

Adult requesting contact/services

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

**What are the principle reasons for wanting this contact or service(s)?**

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

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| Please indicate what the adults’ views and expectations of contact or services required are: |
| Adult with whom the children reside: |
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| Adult requesting contact: |
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| Where their age and level of understanding allows please indicate what the child(ren’s) views and expectations of contact are: |
| Children: |
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**Previous contact**

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| When and where did contact last take place? |
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| Who was involved in this contact? |
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| Why did it breakdown? |
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| 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**

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| **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** |
| **Who will pay the processing fee/session fees?** | |
| Specified in a court order: | **Yes/No** |
| Agreed by all parties: | **Yes/No** |
| **Who should copies of the Record of Contact be provided to:** | |
| Specified in a court order: | **Yes/No** |
| Agreed by all parties: | **Yes/No** |

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| **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: | | |
|  | | |

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| **Are any other adults and or child(ren) allowed to participate in contact?** (please note this is subject to contact centre agreement) | | **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** | |

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| **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** |
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**Health and medical requirements**

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| --- |
| 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) |
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**Language/interpreter requirements**

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

**Court Orders – a copy MUST be provided**

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

**Previous or Current Convictions/ Bail Conditions**

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| 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**

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| 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:. | |

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

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| --- |
| What other agencies are the family known to and or been involved with? (please list all) |
| Name of agency: |
| Name of worker: |
| Nature of involvement: |
|  |
| Dates of involvement: |

**Risk Assessment**

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| 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: | |
| **Referrer to complete** | |
| **Safeguarding children** | **Yes/No/Allegation** |
| 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 violence towards family members: |  |
| Risk of self-harm: |  |
| Criminal Convictions |  |
| Dangerous pets / killed pets |  |
| Schedule 1 Offender |  |
| Assault with a weapon |  |
| 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**

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| --- |
| **Nature and extent of concern:** |
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| Families/parties awareness of concern: |
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| Families/parties motivation to change: |
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|  |
| Families/parties capacity to change: N/A |
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|  |
| Involvement of other agencies: |
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|  |
| Impact upon the child(ren) in relation to contact and or services being provided: |
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**Area of concern 2**

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| --- |
| **Nature and extent of concern:** |
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|  |
| Families/parties awareness of concern: |
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|  |
| Families/parties motivation to change: |
|  |
|  |
| Families/parties capacity to change: |
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| Involvement of other agencies: - |
|  |
|  |
| Impact upon the child(ren) in relation to contact and or services being provided. |
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**Area of concern 3**

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| --- |
| **Nature and extent of concern:** |
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| Families/parties motivation to change: |
|  |
|  |
| Families/parties capacity to change: |
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| Involvement of other agencies: |
|  |
|  |
| Impact upon the child(ren) in relation to contact and or services being provided: |
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| --- |
| Additional information relating to the referral, proposed contact or services being provided: |
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| If you have documentation which will enable us to provide a safe and successful contact, please provide a copy with this referral, this could include such as a child safety plan. |

**Both parties are aware of and in agreement with the referral and have read and understood our privacy statement.**

**Name:**

**Signed:**

**Date of Referral:**

**Omitting details relevant to contact, may result in a delay in contact starting or the cancellation of contact.**

**PLEASE RETURN THIS FORM BY EMAIL TO: info@womens-work.org.uk**