# **Contact Referral Form**

Case Name:

|  |  |
| --- | --- |
| Referrer |  |
| 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 🗸** |
| * Supervised Contact * Escorted Contact * Supported Contact * Indirect Contact * Handover | |  |
| What is the overall aim of this service(s)? | | |
| **How will it be achieved and what are the specific requirements?**  (Describe the task to be undertaken / service which will be required; Include specific observation/supervision requirements) | | |
| **1** |  | |
|  |  | |
| **2** |  | |
|  |  | |
| **3** |  | |
|  |  | |

## 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: | 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): | Ethnicity: |
| 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: | |
|  | |
|  | |

## Solicitors

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

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

|  |  |  |
| --- | --- | --- |
| Solicitor’s Name: | | |
| Practice: | | |
| Address: | | |
|  | | |
| Postcode: | Email: | |
| Telephone: | | Mobile: |

#### Adult requesting contact/services

|  |  |  |
| --- | --- | --- |
| Solicitor’s 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 SUPERVISED? | | **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 arrangements or agreements relating to the 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: |
|  |

## Diversity needs

|  |  |
| --- | --- |
| Are there any specific diversity needs? | Yes/No |
| If yes please specify below | |

## 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 subject to a child protection plan? | | **Yes/No** |
| Child(ren’s) 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(ren’s) 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: | |
|  | |
|  | |
| What other agencies are the family known to and or been involved with? | |
| Name of agency: | |
| 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.

## 1 BACKGROUND INFORMATION

|  |
| --- |
| 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 |
|  |
|  |

## 2 ADDITIONAL RELEVANT INFORMATION

|  |
| --- |
| 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: |
|  |
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| --- |
| Who will be responsible for paying the costs? |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Declaration: I understand the information on this form to be true and correct to the best of my knowledge. | | | |
| Name | signature | Job title (if applicable) | Date |
|  |  |  |  |

##### **PLEASE EMAIL THIS FORM TO:** [info@projectwest.co.uk](mailto:info@projectwest.co.uk) **OR FAX TO: 020 8711 3220**