**PUBLIC LAW SUPERVISED CONTACT REFERRAL FORM**

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| **Office use only** |
| **Referral Received:** |  |
| **Date of pre-visit:** |  |
| **Date of first contact:** |  |
| **Dates reviewed:** |  |
| **Contact ended:** |  |

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| **Local Authority Name** |  |
| **Person Making the Referral Name** |  |
| **Full Address and Post Code** |  |
| **Contact Telephone Number** |  |
| **Email Address** |  |
| **Invoice address and email address (if not referring worker)** |  |
| **Purchase Order Number (if required)** |  |
| **Date of referral** |  |
| **Contact Room and Supervisor** (please tick)  |  🞏 |
| **Contact Room Only** (please tick)  |  🞏 |
| **Supervisor Only** (please tick)  |  🞏 |
| **Number of workers required** |  |
| **Escort** |  |

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| **Child / Family Details** |
| Name of child attending contact |  |
| Date of Birth |  |
| Ethnicity |  |
| Child Identifier Number |  |
| Young person/child’s first language |  |
|  |  |
| Name of child attending contact |  |
| Date of Birth |  |
| Ethnicity |  |
| Child Identifier Number |  |
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|  |  |
| Name of child attending contact |  |
| Date of Birth |  |
| Ethnicity |  |
| Child Identifier Number |  |
| Young person/child’s first language |  |
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| Name of Main Carer |  |
| Placement Address |  |
| Telephone Number |  |
| Is the placement address to be kept confidential from the parents? |  Yes 🞏 No 🞏 |
| Purpose of contact (what outcomes are to be achieved through supervised contact?) |  |

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| **Parents / Adults Details** |
| Name |  |
| Address |  |
| Gender |  |
| Date of Birth |  |
| Ethnicity |  |
| Relationship to Child(ren) |  |
| Contact Telephone Number |  |
|  |
| Name |  |
| Address |  |
| Gender |  |
| Date of Birth |  |
| Ethnicity |  |
| Relationship to Child(ren) |  |
| Contact Telephone Number |  |
|  |
| First language spoken by parent(s) |  |
| If an interpreter is required, please provide contact details |  |
| Are there people excluded from being in contact with the child(ren)? If so, please name them |  |
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| **To help provide the correct level of staff to undertake this referral please advise if there are any concerns in respect of the following *(please tick)*** |
| Child Protection |  |
| Domestic Violence |  |
| Levels of conflict/hostility/anger towards professionals |  |
| Risk of abduction *(if so, please confirm procedures are in place to hold passports)* |  |
| Managing challenging behaviour of child or parent |  |
| Willingness of participants to use the service |  |
| Problems over separation of parents’s/child(ren)’s needs |  |
| Problems with negotiation (parental flexibility – involvement with courts) |  |
| Quality of parenting skills |  |
| Issues of mental health |  |
| Physical and/or intellectual disability |  |
| Alcohol or Substance Misuse |  |
| Serious medical conditions |  |
| Cultural requirements |  |
| Communication/ language requirements |  |
| Please provide details of any allegation, undertakings, injunctions or convictions relating to violence involving any party to be involved with this referral |  |

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| **Levels of Supervision** |
| Constant supervision – supervisor remains in sight and sound of the child at all times |  |
| General supervision – supervisor does not need to remain in sight at all time e.g. toileting |  |
| **Young Person/Children’s Risk Assessment:**

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| --- | --- | --- | --- |
|  Potential Risk  | YES/NO | If YES, please provide details*e.g. whether this is current or historical* | If YES, how would you like this to be managed by the contact supervisor? |
| Has the young person/child(ren) displayed any sexualised/challenging behaviour? |  |  |  |
| Has the young person/child(ren) shown aggression towards other children or to adults?  |  |  |  |
| Does the young person/child(ren) have any medical or related condition which may require intervention during contact? |  |  |  |
| Does the young person/child(ren) have any disabilities, special needs or medical requirements? |  |  |  |
| Does the young person/child(ren) have any known allergies that may require intervention, or avoidance measures to be taken? |  |  |  |
| Are there any other risks that may be posed by the young person/child(ren) that the contact supervisor need to be aware of? |  |  |  |

**Adult’s Risk Assessment:**

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| Potential Risk | YES/NO | If YES, please provide details*e.g. whether this is current or historical* | If YES, how would like this to be managed by the contact supervisor? |
| Does any adult attending contact have a medical condition which may require assistance during contact? |  |  |  |
| Do the adult(s) attending require any special assistance to participate incontact? *E.g. mobility issues.* |  |  |  |
| Does any adult attending contact have issues of alcohol, solvent, or other substance misuse? |  |  |  |
| Has any adult attending contact ever displayed sexualised behaviour towards children or adults? |  |  |  |
| Has any adult attending contact ever displayed physical abuse or emotional abuse to children? |  |  |  |
| Has any adult attending contact ever displayed physical threats or violence towards a professional? |  |  |  |
| Has any adult attending contact ever displayed verbal or racist abuse towards a professional? |  |  |  |
| Is any adult attending contact engaging in, or have a history of, criminal activity? |  |  |  |
| Are there any other risks that may be posed by the adult attending contact that the contact supervisor need to be aware of? |  |  |  |

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| **Rules of Supervision Required** |
| **Are the adults allowed to bring food and drink to the meeting?** |  Yes 🞏 No 🞏 |
| **Are the adults permitted to pass written information and gifts to the child(ren)?** |  Yes 🞏 No 🞏 |
| **Are the adults permitted to take photographs at the meeting of the child(ren)?** |  Yes 🞏 No 🞏 |
| **Can parents and child(ren) leave the building e.g. supervised outings?** |  Yes 🞏 No 🞏 |
| **Can parents take the child(ren) to the toilet unsupervised?** |  Yes 🞏 No 🞏 |
| **Is the use of mobile phones permitted during a supervised contact session?** |  Yes 🞏 No 🞏 |
| **Can contact take place at a different venue under supervision?** |  Yes 🞏 No 🞏 |
| **Are there subjects, which must not be discussed as part of the supervised visit?** |  Yes 🞏 No 🞏 |
| **Is the child(ren) allowed sweets/snacks during contact?** |  Yes 🞏 No 🞏 |
| **Are there any circumstances where you would expect contact to be terminated early? *(if ‘yes’, please provide details below)*** |  Yes 🞏 No 🞏 |
| **Please elaborate on any of the above points if necessary:** |  |
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| **Does anyone attending contact pose an aggressive/violent risk to others?** |  |
| **Please provide details of any criminal convictions** |  |
| **Contact Timetable** |
| **Date contact to begin** |  |
| **Frequency i.e. days of the week/weekly/fortnightly/monthly** |  |
| **At what times should contact be organised** |  |
| **What period of time should be allowed for late arrivals of parents before the visit is cancelled?** |  |
| **Review date** |  |
| **Proposed end date** |  |
| **Are written contact reports required?** |  |
| **Will contact reports be used as evidence in court proceedings?** |  |

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| **Do any of the persons named above have parental responsibility for the child(ren) attending contact? If yes, please provide information below:** |
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| **If none of the above have parental responsibility then please provide information for the responsible adult(s):** |
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| **What are the transport and collection arrangements for this contact? (please provide full contact details of all parties involved):** |
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| **Any other information which will enable supervised contact to meet the child(ren)’s needs?** |
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| **Has a risk assessment been conducted on the family?****If ‘yes’ please provide NRSCC with a copy** |  Yes 🞏 No 🞏 |
| **Additional Information** |
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Declaration: I the undersigned do confirm that I am duly authorised by the organisation named on this referral to acknowledge, accept and agree the charges and Terms and Conditions of Business as presented by NRSCC. I also declare that I have completed this referral to the best of my knowledge and I will notify NRSCC in writing of any changes as they occur.

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| **Signed** |  |
| **Print Name** |  |
| **Position in organisation** |  |
| **Date** |  |