

Referral Form and Risk Assessment for Granary Families Supervised Contact Child Centre

1. This form needs to be completed in full 2. Please see table at the end of the form for Ethnic Codes	Office use only	
	Received by centre/service	
	Referral taken by	
	Programme/Contact agreed	
	Interpreter booked	
	Pre-visit date	
	1 st Contact date	
	Dates reviewed	
	Contact end date	
Name of centre supplying contact/service		

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
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 children 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 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 contact?
Why did it breakdown?
Has this family ever used another centre? Yes/No
Name of centre and dates used:
Why did the contact at this centre end?

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 Yes/No photographs, exchange of gifts or food for the children?

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 or Current Convictions/ Bail Conditions

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 Plan?	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:	

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:

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:
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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 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

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 and have read and understood our privacy statement.

Name:

Signed: **Date of Referral:**.....

Ethnic Codes must be entered

1. White	14. Pakistani
2. English/ Welsh/ Scottish/ Northern Irish/ British Irish	15. Bangladeshi
3. Irish	16. Chinese
4. Gypsy or Irish Traveller	17. Any other Asian background
5. Any other white background	18. Black/ Asian/ Caribbean/ Black British
6. Mixed/ Multiple Ethnic group	19. African
7. White and Black Caribbean	20. Caribbean
8. White and Black African	21. Any Other Black/ African/ Caribbean background
9. White and Asian	22. Other Ethnic group
10. Any Other Mixed	23. Arab
11. Multiple Ethnic background	24. Any Other Ethnic group
12. Asian/Asian British	25. Do not wish to declare
13. Indian	