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**Supervised Contact**

**Referral Form**

|  |  |
| --- | --- |
| **Address:** | YMCA Family WorkEdinburgh HouseHarding RoadHanleyStoke-on-TrentST1 3AEHae |
|  |  |
| **Telephone No:** | 01782 222389 / 01782 222380 |
| **Email:** | referrals@ymcans.org.uk |

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**Referrer**

|  |  |
| --- | --- |
| Referrer name |  |
| Profession |  |
| Organisation |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Mobile |  |
| Fax |  |
| Email |  |

## **Child(ren) being referred**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Child 1 | Child 2 | Child 3 | Child 4 |
| Name  |  |  |  |  |
| Date of birth |  |  |  |  |
| Age |  |  |  |  |
| Gender |  |  |  |  |
| Ethnicity |  |  |  |  |
| Telephone |  |  |  |  |
| School, contact name & tel. no. |  |  |  |  |
| Contact number for the child if direct contact is appropriate |  |
| Child’s address |  |
| Postcode |  |

## **Who do the child(ren) live with?**

|  |  |
| --- | --- |
| Name |  |
| Relationship to child(ren) |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Ethnicity / Cultural origin |  |
| Religion |  |
| Who has parental responsibility? |  |

**Family**

## **Siblings**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Child 1 | Child 2 | Child 3 | Child 4 |
| Name |  |  |  |  |
| Date of birth |  |  |  |  |
| Age |  |  |  |  |
| Gender |  |  |  |  |
| Ethnicity |  |  |  |  |
| Living with |  |  |  |  |

## **Mother**

|  |  |
| --- | --- |
| Name |  |
| Relationship to child(ren) |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| **(!)** If an email address is given, **please inform your client** that this is the method of communication we will use |
| Email |  |
| Ethnicity / Cultural origin |  |
| Religion |  |

## **Mother’s Partner**

|  |  |
| --- | --- |
| Name  |  |
| Parent of child? |  |
| Lives with child? |  |

## **Mother’s Solicitor**

|  |  |
| --- | --- |
| Solicitor’s name |  |
| Solicitor’s ref. |  |
| Name of practice |  |
| Address |  |
| Postcode |  |
| Telephone  |  |
| Email address |  |

## **Father**

|  |  |
| --- | --- |
| Name |  |
| Relationship to child(ren) |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| (!) If an email address is given, please inform your client that this is the method of communication we will use |
| Email |  |
| Ethnicity / Cultural origin |  |
| Religion |  |

## **Father’s Partner**

|  |  |
| --- | --- |
| Name  |  |
| Parent of child? |  |
| Lives with child? |  |

## **Father’s Solicitor**

|  |  |
| --- | --- |
| Solicitor’s name |  |
| Solicitor’s ref. |  |
| Name of practice |  |
| Address |  |
| Postcode |  |
| Telephone  |  |
| Email address |  |

# **Issues**

|  |  |
| --- | --- |
| Does the child(ren) have **regular contact** with **both parents?** |  |
| If not, **which parent** are they **not in contact** with? |  |
| **How long** since the child(ren) **last saw** the parent? |  |
| **How long** since the child(ren) **lived with** the parent? |  |
|  |  |
| Please give any **other information** about this situation you might be aware of  |  |
| Other information relating to **parenting** |  |
| Other information relating to **housing** |  |

# **Involvement of other services**

We understand that many other professional agencies may be involved with the family. Please indicate in the allocated sections who the CAFCASS officer / Guardian and / or Social Worker is (if there is one) and **give details of other agencies (e.g. CAMHS, counselling etc.) in the Additional Information section**

## **CAFCASS Officer**

|  |  |
| --- | --- |
| Is there an allocated CAFCASS Officer? |  |
| Name |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Email |  |
| **Guardian** |
| Is there an allocated **guardian?** |  |
| Name |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Email |  |
| **Social Worker** |
| Is there an allocated **Social Worker?** |  |
| Name |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Email |  |

## **Social Services**

|  |  |
| --- | --- |
| Currently |  |
| Historically |  |
| Name of Social Worker |  |

|  |  |
| --- | --- |
| Is there a **court order** relating to the contact? |  |
| **(!)** Please attach a copy of the order / details to the referral |

## **Child Protection**

|  |  |
| --- | --- |
| Have the child(ren) been registered on the **Child Protection Register?** |  |
| Please give details |  |

## **Court Orders**

|  |  |
| --- | --- |
| What other court orders have been made in relation to the child(ren), and when? |  |
| Court reference |  |
| Please give details |  |

## **Early Help**

|  |  |
| --- | --- |
| Has an **Early Help** been completed for a child? If so, please give **name and contact number** of the **Lead Worker** |  |

# **Risk Assessment**

## **Safeguarding Children**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Who | Yes / No / Allegation | High | Low |
| Physical abuse |  |  |  |  |
| Sexual abuse |  |  |  |  |
| Emotional abuse |  |  |  |  |
| Neglect |  |  |  |  |
| Risk of abduction |  |  |  |  |

## **Other Potential Concerns**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Who | Yes / No / Allegation | High | Low |
| Domestic abuse |  |  |  |  |
| Conflict between adults |  |  |  |  |
| Alcohol abuse |  |  |  |  |
| Drug / substance abuse |  |  |  |  |
| Mental health issues |  |  |  |  |
| Cultural issues |  |  |  |  |
| Religious issues |  |  |  |  |
| Financial issues |  |  |  |  |
| Medical condition  |  |  |  |  |
| Physical condition |  |  |  |  |
| Learning difficulties |  |  |  |  |
| Parenting skills |  |  |  |  |
| Involvement of other family members in the contact |  |  |  |  |
| Risk of violence towards staff |  |  |  |  |
| Risk of self-harm |  |  |  |  |
| Risks regarding home visits |  |  |  |  |
| Other? Please specify  |  |  |  |  |
| Areas of concern |  |

# **Health, Medical and Developmental Information**

|  |  |
| --- | --- |
| Do any of the children have any **illness, allergy, disability, special needs or medical requirements**? *Please give details* |  |
| Are any of the children on the **Educational Special Needs Register?** |  |
| *Please give details* of any **specific behaviour / learning difficulties** |  |
| Do any of the **adults** involved suffer from **long-term physical / mental illness or a disability?** *Please give details* |  |
| Are there any **children currently on or in need of medication?** *Please give details* |  |

# **Arrival at the Centre**

|  |  |
| --- | --- |
| Are the parents **willing to meet**?  |  |
| Will the **adult** with whom the **children reside** be **bringing** them to and **collecting** them from the Centre? **If no,** *please provide details below:* |  |
| Name |  |
| Relationship |  |
| **Emergency** contact telephone |  |
| Can contact be started **immediately?** If not, please provide preferred contact start date: |  |

# **Agreement**

**Please confirm that the following have been agreed by both adults, referrers and solicitors:**

|  |  |
| --- | --- |
| Contact has **been agreed** to take place at |  |
| **Frequency** |
| Weekly |  |
| Fortnightly |  |
| Monthly |  |
| **Duration** |
| 1 hour |  |
| 2 hours |  |

|  |  |  |
| --- | --- | --- |
|  | Name | Relationship to child |
| **Other person** allowed to participate in contact **(1)** |  |  |
| **Other person** allowed to participate in contact **(2)** |  |  |
| **Other person** allowed to participate in contact **(3)** |  |  |
| **Other person** allowed to participate in contact **(4)** |  |  |

# **Additional Information**

|  |  |
| --- | --- |
| What **language** is **spoken at home**? |  |
| Is an **interpreter required?** Please give details **inc. name and organisation** |  |
| Has this family ever used a **Child Contact Centre?** Please give details |  |
| Does the **child consent to counselling,** if appropriate? |  |
| Additional Information: (Please use a separate sheet, if necessary) |  |

# **Solicitor’s Declaration**

|  |  |
| --- | --- |
| Has the child you have referred been **known to CAFCASS?** |  |
| If so, are you aware of the **outcome of that involvement?** |  |
| Has **CAFCASS** ever concluded that **contact** between child referred and parent **should not take place?** |  |
| Signed |  |
| Name |  |
| Position |  |
| Date |  |

**This form has been completed accurately and to the best of my knowledge
and I can confirm that the family have been made aware of this referral.**

|  |  |
| --- | --- |
| Signed |  |
| Date |  |

Please email to referrals@ymcans.org.uk Thank you.



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