**Contact Assessment**

**Child focused assessment of a child’s need for contact with their family and / or significant others**

Introduction

This assessment should be completed for all children in care as part of their permanence planning. The assessment should be completed with reference to:

* Permanence planning meetings procedure and templates
* Legal guidance on court approved care plans and subsequent changes
* Contact with parents and sibling policy

The purpose of contact may be to: -   
a. promote a positive sense of identity and maintain relationships;  
b. assess relationships;  
c. give the child permission to accept their new care arrangements;  
d. help the child to process and understand their family history;  
e. increase self-esteem;  
f. assist reunification plans;  
g. support repair and recovery after harmful experiences;  
h. provide reassure that birth relatives are alive and well;  
i. assure the child they are loved and remembered;  
j. ease the pain of separation and loss.

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| **Child’s name** |  |
| **Mosaic ID reference** |  |
| **Legal status of the child** |  |
| **Date the child became looked after** |  |
| **Contact assessment regarding contact with** | (List all individuals for whom their contact with the child is being assessed) |
| **Outline the proposed or current contact and its purpose, including:**  NOTES  The nature of the relationship between the child and each person having / seeking contact and whether there has been abuse in this relationship.  What other contact (direct or indirect) is currently in place with any other significant person, which is not part of this assessment.  Do individuals seeking contact with the child support their placement, care plan, health needs and educational achievements? | |
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| **Evidence of impact**  NOTES  Using observations and feedback from contact recordings, school, foster carer recordings and social work visits consider the following:  The impact that contact / proposed contact has on the child’s routine (feeding, sleeping, education and after school activities);  If and how the contact (including frequency) undermines the child’s relationships in placement;  If and how contact reminds the child of harmful relationships / experiences;  Whether the contact makes or is likely to make the child feel guilty or disloyal;  What messages are or could be conveyed to the child during contact;  If the child have multiple attachments and if so whether this is confusing for them. | |
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| **Parental / adult capability within contact**  NOTES  Consider the following:  Whether they can meet the basic and medical needs of the child;  The degree to which they are committed and motivated to attending contact;  Any evidence of missed or suspended (no more than 7 days) contact and reasons;  Whether the parent has or requires support during contact e.g. guidance on holding the child, talking to and praising the child age apropriately, ensuring safety, playing with the child age appropriately;  How the child will be made to feel safe during contact;  Any diversity or cultural needs that require additional resources or support. | |
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| **Risks associated with contact**  NOTES  Consider the following:  Is the child blamed for the family problems?  Does the child feel rejected or upset by unreliable or poor quality contact?  Would the child be confused by different family rules between their foster carers and their birth families?  What is the nature of the relationship between the carers and parents e.g. hostile and undermining or collaborative? How does this impact on the carers’ relationship with the children?  Re-traumatisation – would supervision provide emotional security as well as physical safety?  In cases where there has been harmful parenting, such as exposure to violence, does the parent take full responsibility for their behaviour?  Are parents’ family members able to be positive role models during contact? | |
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| **Child’s views about contact** | |
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| **Parents’ views about contact** | |
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| **Views of significant others, including professionals, about contact** | |
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| **Analysis**  NOTES  Include the following:  What have we done / can we do to mitigate against any impact that contact might have on the child? To what degree does this reduce any negative impact? | |
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| **Recommendation**   * Taking into consideration all of the above, should contact take place and who with? Does it need to be supervised and who by? * What is the proposed level of contact and how does this meet the needs of the child? * What should be included in the contact agreement? | |
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| **If assessment should be reviewed, state when** |  |
| **Assessor’s name and role** |  |
| **Assessor’s signature** |  |
| **Date** |  |
| **Manager’s name** |  |
| **Manager’s signature** |  |
| **Date** |  |