

**Darlington Borough Council**

**Supervised Contact Team**

Request for Service

|  |  |
| --- | --- |
| **DATE OF REFERRAL** | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **REFERRER DETAILS** | | | |
| **SOCIAL WORKER** | Click here to enter text. | **TELEPHONE** | Click here to enter text. |
| **WORK MOBILE** | Click here to enter text. |
| **EMAIL** | Click here to enter text. |
| **TEAM** | Click here to enter text. | **TEAM MANAGER/PRACTICE SUPERVISOR** | Click here to enter text. |

C**hildren’s Details (Oldest first)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Liquid Logic ID** | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Legal Status** | Choose an item. |  | |
| **Current Carer’s Name(s)** | Click here to enter text. | Click here to enter text. | |
| **Current Address** | Click here to enter text. | **Post Code** | Click here to enter text. |
| **Carer’s Phone Number** | Click here to enter text. | **Mobile Number** | Click here to enter text. |
| **Current GP surgery** | Click here to enter text. | | |
| **Current GP surgery phone number** | Click here to enter text. | | |
| **Current School** | Click here to enter text. | **Phone No.** | Click here to enter text. |

**Children’s Details (Oldest first)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Liquid Logic ID** | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Legal Status** | Choose an item. |  | |
| **Current Carer’s Name(s)** | Click here to enter text. |  | |
| **Current Address** | Click here to enter text. | **Post Code** | Click here to enter text. |
| **Carer’s Phone Number** | Click here to enter text. | **Mobile Number** | Click here to enter text. |
| **Current GP surgery** | Click here to enter text. |  | |
| **Current GP surgery phone number** | Click here to enter text. |  | |
| **Current School** | Click here to enter text. | **Phone No.** | Click here to enter text. |

**Children’s Details (Oldest first)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Liquid Logic ID** | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Legal Status** | Choose an item. |  | |
| **Current Carer’s Name(s)** | Click here to enter text. |  | |
| **Current Address** | Click here to enter text. | **Post Code** | Click here to enter text. |
| **Carer’s Phone Number** | Click here to enter text. | **Mobile Number** | Click here to enter text. |
| **Current GP surgery** | Click here to enter text. | | |
| **Current GP surgery phone number** | Click here to enter text. | | |
| **Current School** | Click here to enter text. | **Phone No.** | Click here to enter text. |

**Children’s Details (Oldest first)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Liquid Logic ID** | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Legal Status** | Choose an item. |  | |
| **Current Carer’s Name(s)** | Click here to enter text. |  | |
| **Current Address** | Click here to enter text. | **Post Code** | Click here to enter text. |
| **Carer’s Phone Number** | Click here to enter text. | **Mobile Number** | Click here to enter text. |
| **Current GP surgery** | Click here to enter text. |  | |
| **Current GP surgery phone number** | Click here to enter text. |  | |
| **Current School** | Click here to enter text. | **Phone No.** | Click here to enter text. |

**Children’s Details (Oldest first)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Liquid Logic ID** | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Legal Status** | Choose an item. |  | |
| **Current Carer’s Name(s)** | Click here to enter text. |  | |
| **Current Address** | Click here to enter text. | **Post Code** | Click here to enter text. |
| **Carer’s Phone Number** | Click here to enter text. | **Mobile Number** | Click here to enter text. |
| **Current GP surgery** | Click here to enter text. | | |
| **Current GP surgery phone number** | Click here to enter text. | | |
| **Current School** | Click here to enter text. | **Phone No.** | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **REASON FOR REQUEST FOR ASSESSMENT AND SUPERVISION OF CONTACT** | | |
| Contact as part of: | Choose an item. | |
| **SOCIAL WORK SUMMARY OF SOCIAL CARE PLAN FOR CHILD:** | | |
| **Overview, family history, care plan etc** | | Click here to enter text. |
| **Any additional needs, special needs of the child:** | | Click here to enter text. |

**Persons to be assessed**

|  |  |  |  |
| --- | --- | --- | --- |
| **Person** | **1** | **2** | **3** |
| **Names** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Date of Birth** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Relationship to child** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Full Address inc. post code** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Phone** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Email** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Risk Assessment for each person to be assessed** | | | |
|  | **1** | **2** | **3** |
| **Potential risk to child** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Known triggers/risk factors to child** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Potential risk factors to staff or others.** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Relevant additional information to ensure safety of all persons.** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Action to be taken if any risks become apparent.** | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Requested contact frequency and duration**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | 09:15-11:15 |  | 12:45-14:45 |  | 15:30-17:00 |  |
| Tuesday | 09:15-11:15 |  | 12:45-14:45 |  | 15:30-17:00 |  |
| Wednesday | 09:15-11:15 |  | 12:45-14:45 |  | 15:30-17:00 |  |
| Thursday | 09:15-11:15 |  | 12:45-14:45 |  | 15:30-17:00 |  |
| Friday | 09:15-11:15 |  | 12:45-14:45 |  | 15:30-17:00 |  |
| Saturday | 2 hour slots on arrangement | | | | | |

**Level of Supervision. Please indicate which level is required**

|  |  |  |
| --- | --- | --- |
| Maximum Supervision | Parents will be supervised at all times with their children. The parents will not be responsible for or allowed to take any child to the toilet or change nappies. |  |
| Full supervision | The parents will be supervised at all times but will be allowed, accompanied, to take a child to the toilet and to change nappies |  |
| Flexible Supervision | The CSO will be in close proximity to the family but, if at soft play, the park, shopping etc. The CSO will not be able to be in close proximity at all times and cannot be expected to hear what is discussed. |  |
| Drop in Supervision | The child/ren will be transported to the contact by the supervisor or the carer. The supervisor will visit the family unannounced during their time together at least once. |  |

|  |  |
| --- | --- |
| **Preferred Location** Please indicate | |
| Venue (various sites). | Click here to enter text. |
| Family Home | Click here to enter text. |
| Community | Click here to enter text. |

|  |  |
| --- | --- |
| **Assessment required** | |
| **Primary Concern** | Choose an item. |
| **Assessment focus** | **Social worker Summary of Key Issues to be Addressed** |
| Commitment to contact session | e.g prompt arrival, remains until end  Click here to enter text. |
| Social presentation of supervisee | E.g. personal hygiene, dressed appropriately under the influence of alcohol or other substance.  Click here to enter text. |
| Interaction between staff and supervisee | Supervisee appropriate in front of child, aggressive, emotional  Click here to enter text. |
| Ability to sustain engagement with the child | Child not left unattended, supervisee distracted, bored, more interested in other things  Click here to enter text. |
| Emotional interaction with the child | Praise, consistent guidance, warm, loving, chastisement appropriate, tone of voice and language age appropriate, child not left unattended,  Click here to enter text. |
| Physical interaction with the child | Physical warmth and affection, play and stimulation age appropriate, non-sexual  Click here to enter text. |
| Supervisee’s ability to undertakes tasks | **Tasks to be undertaken**  **Click here to enter text.** |
| Supervisees ability in the community | Socially acceptable behaviours, safe on roads, appropriate supervision, child focused  Click here to enter text. |
| Home conditions appropriate for contact | Safe, clean, warm, no other adults present or visiting  Click here to enter text. |
| Other | Specify  Click here to enter text. |

**Contact Agreement between Darlington Borough Council Contact Service**

**&**

insert names of parent / individual

inrespect of :*insert names of children*

**Date :** *insert today’s date*

**Agreement No** .insert number

This agreement is in place to ensure that a contact is consistent, positive and an enjoyable activity for *insert name of children*

* Supervised contact will be offered between *child/ren’s name* and *parent’s name*
* Contact will be facilitated by a Contact Supervising Officer.
* The contacts will take place *indicate frequency* at a suitable venue which may vary, dependant on availability.
* The level of supervision will be Choose an item.

.

I, *insert name of parent / individual to which this agreement applies* agree that I have read or have had read to me, the expectations of contact and have received a copy to retain.

Parent’s full name (PRINT) ……………………………………………………………………………………

Parent’s signature ……………………………………………………………………………………..

Date signed ……………………………………………………………………………………..

Social worker’s) ……………………………………………………………………………………..

full name (PRINT

Social worker’s ……………………………………………………………………………………..

Signature

Date signed …………………………………………………………………………………..…

**Updated November 2017**

**Expectations of a Contact.**

* *Details of the arrangements for contact will be provided by the Contact Coordinator either in writing, telephone or by text.*
* *The contact will take place at the agreed time and will end at the agreed time; any changes to the plan will be discussed and agreed with the Social Worker or the Contact Support Officer (CSO) beforehand.*
* *If the CSO is late this time will be given at the end of the same contact session, or if this is not possible the time will be added to a subsequent contact at the earliest opportunity.*
* *The contact arrangement will be reviewed regularly by your Social Worker who will advise of any changes.*
* *Contact will be held at an identified venue or in the community and you will have been advised of the level of supervision required.*
* *If contact sessions are cancelled due to staff sickness the Contact Service will endeavour to cover the session using an alternative CSO. If this arrangement is not possible an alternative session will be offered at the earliest opportunity.*
* *If contact sessions are cancelled due to bank holidays, parental sickness, child sickness, court dates, reviews or core groups the Contact Service will not offer an alternative contact session.*
* *If any parent or child is suffering from sickness or diarrhoea they should not attend contact for 48 hours after the last episode. This is to prevent the spread of infection.*
* *In case of adverse weather conditions, child safety will be the priority when making a decision about whether contact will take place. The decision to cancel this lies with the Contact Coordinator. Alternative contact sessions will not be offered..*
* *Contact will only take place if the children want to attend. Contact may be ended early if the children request this.*
* *Failure to attend contact on 3 occasions in succession without contacting the Social Worker or Contact Coordinator will result in contacts being suspended until a meeting is held with the Social Worker to discuss the reasons for this.*
* *If contact sessions are missed or attended late, the amount of contact being offered will be reviewed and may be reduced. Arrangements may be put in place requiring parents to arrive at the venue prior to the children to ensure that children are not brought to the venue unnecessarily to await the arrival of parents or relatives.*
* *Feedback regarding contact will not be given in the presence of the children. Separate feedback sessions will be offered on request to the Contact Coordinator. Details of this should not be shared with the children during the contact. The aim of feedback is to promote positive experiences for the children.*
* *The CSO is required to take notes and record details of all contact sessions. These notes are stored electronically.*
* *Please contact the Contact Coordinator on 01325 406857 if you wish to discuss these expectations.*

*Thank you*