**Shaw Centre, Chobham Road, Woking, GU21 4AS**

**St. Faiths, Cleeve Road, Leatherhead, KT22 7NF**

**Contact Team Tel: 01483 517108**

**Freephone: 0800 085 8321**

**Mobile: 07773 241938**

**Emergency Duty Team: 01483 517898**

**Please answer the below 2 questions before completing this referral form:**

|  |  |
| --- | --- |
| **Why does the contact need to be supervised?**  |  |
| **Have you explored the foster carer or a family member to supervise? If no, please action this.****Please state the reason that the carer and/or a family member cannot supervise this contact?** | Foster Carer: Yes/NoFamily Member: Yes/No |

**Referrer’s details:**

|  |  |
| --- | --- |
| **Social Worker Name**  |  |
| **Contact number**  |  |
| **Email**  |  |
| **Team** |  |
| **Line manager**  |  |

|  |  |
| --- | --- |
| **Date Referral Completed by SW:** |  |
| **Proposed date of Written Agreement meeting:****(SW, Parent. Contact Team Leader to be present).****Required before first contact** |  |
| **Date of first contact:****(Please note 24 hours notice is required)** |  |

**Legal Status / Court Order:**

|  |  |
| --- | --- |
| **Please state child/ren’s legal status** **(i.e. ICO, S20):** |  |
| **Court ordered frequency and amount of contact and date of court order:****(i.e 2 x a week for 1.5 hours):**  |  |
| **Date of next Court Hearing:** |  |
| **Long term plan for the child/ren:****(i.e. foster to adopt, reunification)** |  |

**Child/ren’s details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Childs Full Name** | **Legal Status and date when granted** | **DOB** | **LCS number**  | **Medical Information**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Referral Reason**:

|  |  |
| --- | --- |
| **What are the risks to the child/ren that require supervised contact?** **(E.g. domestic abuse, drug and alcohol use etc.)** |  |
| **Are there any risks to professionals?**  |  |
| **Is there a flight risk or risk of abduction:** |  |
| **OVERALL ASSESSMENT OF RISK LEVEL to Child/ren & Contact Supervisor****(Low, Medium, High)****This will help identify if 2 Contact Supervisors are required.** |  |

**Child’s Views on Contact:**

|  |  |
| --- | --- |
| **How does child/ren feel about seeing parents/family members?** |  |
| **How does child/ren feel about having supervised contact with parents/family members?** |  |

**Contact Supervisor Instructions:**

|  |  |
| --- | --- |
| **Please specify the requirements and specific observations required by the Contact Supervisor.** **(E.g. attachment, emotional responses, basic care, boundaries and identify any strengths)** |   |
| **How will contact impact the child? Please comment on strengths and areas for positive change?** |  |

**Persons permitted to have contact:**

|  |  |
| --- | --- |
| **Name of person/s permitted to have contact and relationship to child** |  |
| **Contact Details:** |  |
|  |  |
| **Other persons approved to attend contact:** **(Please detail their relationship to child and if there are any potential risks/safeguarding concerns and if any specific observations are required)** |  |

**Childs placement address details:**

|  |  |
| --- | --- |
| **Child/rens Name** |  |
| **Carer Name:**  |  |
| **Relationship to child** (Please specify, i.e. family member or foster carer) |  |
| **Address:** |  |
| **Telephone number:** |  |
| **Email** |  |
| **The expectation is carer will transport child to and from contact.****(Please state the exceptional circumstance if a carer is unable to transport – this will need Contact Service Manager approval)****Contact SM approval & date to authorise transport:** |  |

**Contact Arrangements:**

|  |  |  |
| --- | --- | --- |
| **Day**  | **Time** | **Venue**  |
|  |  |  |
|  |  |  |
|  |  |  |

**Other requirements/arrangements:**

|  |  |
| --- | --- |
| **Is community contact permitted?**Please specify where contact can happen |  |
| **We request parents remain in the room at start and end of contact – please confirm this has been discussed with the parent.****Please specify only if it is in child’s best interests to be taken out to the car by the parent and confirm carer is in agreement.** |  |
| **Detail any contact activity requested and team budget code this is to be assigned to.** |  |
| **Please detail the requirements in the event of parents not showing up after the 15 minute time allowance.** |  |
| **Are photos/videos/Facetime/Skype calls permitted?** **And if so, please confirm the name of the family member they are permitted to Facetime/Skype call:** |  |

**Approval:**

|  |  |
| --- | --- |
| Service Manager: |   |
| Date:  |  |
| Contact Team Leader: |  |
| Date:  |  |

**Updates to the contact arrangements:** Any updates to the contact arrangements must be referred back into the contact service. Please update the referral form and re-send if any of the details change. The contact service will only use the latest referral information.