|  |
| --- |
| Supervised Contact Referral Form (Traded Service) |

|  |
| --- |
| Please complete all the relevant sections before Commencing the service request and return it to the email address at the end of this form. Please ensure the referral has been discussed with all parties. |

|  |
| --- |
| For Office Use Only: |
| **Date of referral** |       |
| **Contact Agreed** |       |
| **Interpreter Booked** |       |
| **Pre-Visit date** |       |
| **Contact start date** |       |
| **Contact end date** |       |

|  |
| --- |
| Referrer |
| Surname: |       | **First Name:** |       | **Title:** |       |
| Address: |       |
|  |       |
| Postcode: |       |
| **Home Telephone No:** |       | **Daytime Telephone No:** |       |

|  |  |
| --- | --- |
| Invoice Address if different from above |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mobile Telephone No:** |       | **E-mail:** |       |

|  |  |  |
| --- | --- | --- |
|  | **Postcode:** |       |
| **Are both parties are aware of and in agreement with the referral?** |  |

|  |
| --- |
| Nature of Services Required: |
| Supervised Contact (observed, recorded and reported) |       |
| Supported Contact |       |
| Community Contact |       |
| Parenting Capacity Assessment (including PAMS) |       |
| Addendum Parenting Capacity Assessment (including PAMS) |       |
| Family Network Meeting / Family Group Conference |       |
| Room Hire Only |       |
| Virtual Contact |       |

|  |
| --- |
| **Reason for referral:** |
| (Include a brief family background) |

|  |
| --- |
| Child(ren) /Family Details: |
| **Name(s)** | **Date of Birth** | **Male/Female** | **Ethnicity** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

|  |
| --- |
| Child(ren) /Family Details: |
| **Main language(s) spoken** |       |
| **Details of disability if any** |       |
| **Health and medical requirement:** |       |
| **Details of other professionals** |       |

|  |
| --- |
| Adult with whom the child (ren) live: |
| **Name** |  |
| **Relationship to Child** |  |
| Address: |       |
|       | **Postcode:** |       |
| **Ethnicity** |       | **Main Language** |       |
| **Telephone No:** |       | **Mobile No:** |       |
| **Does the adult with whom the children live have a new partner?** |       |
| **Name of Partner (if yes)** |       |

|  |
| --- |
| Adult requesting contact / service: |
| **Name** |  |
| **Relationship to Child** |  |
| Address: |       |
|       | **Postcode:** |       |
| **Ethnicity** |       | **Main Language** |       |
| **Telephone No:** |       | **Mobile No:** |       |
| **Does the adult with whom the children live have a new partner?** |       |
| **Name of Partner (if yes)** |       |

|  |
| --- |
| Confidentiality |
| **Can the parties contact details be released to each other?**  |       |

|  |
| --- |
| **Legal Information:** Solicitor acting for Adults whom the child/ren live. |
| **Name** |  |
| Address: |       |
|       | **Postcode:** |       |
| **Telephone No:** |       | **Mobile No:** |       |
| **Fax No:** |       | **Case Reference No:** |       |
| Email: |       |

|  |
| --- |
| **Solicitor acting for Adult requesting a service.**  |
| **Name** |       |
| **Solicitors Company Name** |       |
| Address: |       |
|       | **Postcode:** |       |
| **Telephone No:** |       | **Mobile No:** |       |
| **Fax No:** |       | **Case Reference No:** |       |
| Email: |       |

|  |
| --- |
| Previous Contact: |
| **Has this family ever used another centre** |       |
| **Name of Centre** |       |
| **Why the contacts ended at this centre** |       |

|  |
| --- |
| Court Orders: |
| **Name(s) of child(ren) or adult to whom the order relates:** |       |
| **Type of order** |       |
| **Court making order** |       |
| **Date of order** |       |
| **Next Court hearing Date** |       |

|  |
| --- |
| **Details of Local Authority if applicable:** |
| **Name of Borough** |       |
| **Name of the social worker** |       |
| **Telephone /Mobile** |       |
| **Team Manager details** |       |
| **Invoicing address** |       |
| **Agreed Rate** |       |

|  |
| --- |
| **Additional information** |
| **Date the child became known to children services if applicable.** |       |
| **Is the child subject to a care order?** |       |
| **Is child on a Child Protection Plan** |       |

|  |
| --- |
| **Proposal for service /contact:** |
| Specified in a court order:  |       |
| Agreed by all parties:  |       |
| **Frequency of the sessions required**:  |       |
| Specified in a court order:  |       |
| Agreed by all parties:  |       |
| **Length of the session required:**  |       |
| Specified in a court order:  |       |
| Agreed by all parties:  |       |
| **Preferred Start date to commence**:  |       |
| Specified in a court order:  |       |
| Agreed by all parties:  |       |
| **Preferred days and times: Monday to Sunday**  |       |
| Specified in a court order: |       |
| Agreed by all parties: |       |
| **Who will bring/collect the children:**  |       |
| Specified in a court order:  |       |
| Agreed by all parties:  |       |

|  |
| --- |
| **Are any other adults and children allowed to participate in the service being requested?** |
| Names and telephone numbers of adults:  |       |
| Relationship to child (ren:)  |       |
|  |  |
| **Specified in a court order:**  | **Yes** | [ ]  | **No** | [ ]  |
| No Agreed by all parties:  | **Yes** | [ ]  | **No** | [ ]  |

|  |
| --- |
| **Language /Interpreter requirements** |
| Will an interpreter be required?  | **Yes** | [ ]  | **No** | [ ]  |
| Language spoken: | **Yes** | [ ]  | **No** | [ ]  |
| **Are the parents and other adults involved in a contact willing to meet**? | **Yes** | [ ]  | **No** | [ ]  |
| Specified in a court order: Yes/No | **Yes** | [ ]  | **No** | [ ]  |
| Agreed by all parties:  | **Yes** | [ ]  | **No** | [ ]  |
| Can the child (ren) be taken out of the centre? | **Yes** | [ ]  | **No** | [ ]  |
| **Can the Child/ren /Young Person receive presents during contact?**  | **Yes** | [ ]  | **No** | [ ]  |
| **Are the adults involved in contact** **permitted to take Child/ren to the toilet?**  | **Yes** | [ ]  | **No** | [ ]  |
| **Mobile phone/camera is permitted during contact**. For use of taking photos only, not for making calls/texts or videos (Unless stipulated in a Court Order or by a Social Worker) |  |  |  |  |

|  |
| --- |
| **RISK ASSESSMENT FORM** |
| ***Please indicate which of the following have affected or are continuing to affect the family you are referring and what the current level of risk is.*** |
| **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 Conditions 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 Self-Harm** |  | [ ]  | [ ]  | [ ]  |
| **Other (Please Specify)** |  | [ ]  | [ ]  | [ ]  |

|  |
| --- |
|  **Nature and extent of concern:** |
|  |

|  |
| --- |
| **Details of where to send our invoice:** |
| **Name:** |  |
| **Team:** |  |
| **Telephone number:** |  |
| **Email address:** |  |
| **Any other information:** |  |

Print Name:

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  |  **Date:** |       |

|  |
| --- |
| **Maya Angelou Parenting Assessment and Supervised contact Service**39 Winkfield RoadLondon N22 5RP**Please email the Referral Form to:** **haringey.contactservice@haringey.gov.uk**0208 489 8400 |