



LCS

Tel:
Fax:**Supervised Contact Service Referral Form****Details of Child: CLA Child (Ref: 2002118)**

Family Name	Child	Given Names	CLA
		Case Number	2002118
Date of referral:	16-Aug-2019		

Person Completing the Referral Form

Name:	ICS Administrator 5
Job title:	
Office number:	
Mobile number:	
Team Manager:	ANDREW GRANT-SOULSBY
Office number:	
Mobile number:	

Supervised Contact Request**Request**

Request type:	New request				
Number of staff required to undertake contact:					
Legal status:					
	Started On	Legal Status	Expiry Date	Actual End Date	Court
	31-Jul-2019	Cla - C1 - Interim Care Order			
Court directed:					
Date to commence:	16-Aug-2019				
Projected end date for contact:	16-Aug-2019				

Parent & Carer Details**Other Household Members**

Relationship	Name	Date of Birth	Gender	Ethnicity	Language	CSSR	Referral	School	Start/End Date
--------------	------	---------------	--------	-----------	----------	------	----------	--------	----------------

Non-Household Significant Family Members & Other Related Persons

Relationship	Name	Date of Birth	Gender	Ethnicity	Language	Address	Start/End Date
Name of child's guardian/CAFCASS:	Name of child's guardian/CAFCASS:						
Telephone number of guardian/CAFCASS:	123456						

School or Nursery

Current school name:	
Current school telephone number:	

Contact Details**Nominated Persons**

Nominated Persons	
Name	Status

Child/young person will attend contact on the following days/times.	Child/young person will attend contact on the following days/times.					
With whom is contact specifically prohibited to and status:	With whom is contact specifically prohibited to and status:					
Venue & Transport						
Venue or location of contact:	Venue or location of contact:					
Has the foster carer been asked to provide transport?	No					
Provide details of the foster carer(s) travel arrangements:	Provide details of the foster carer(s) travel arrangements:					
Has other transport been arranged:	Yes					
Transport provider:	Transport provider:					
Transport provider telephone number:	123456					
Arranged by:	Arranged by:					
Date:	16-Aug-2019					
Contact Details						
Has contact been approved by the Team Manager?	Yes					
Daily contact hours requested (i.e. 2 hours per day):	1 hour					
Days (e.g. Mon/Wed/Fri)	16-Aug-2019					
Times (e.g. 9.30-11.30, mornings/after school)	16-Aug-2019					
Risk assessment fully completed and attached:	Yes					
Basic Information						
Communication						
First language of parent:	English					
First language of child:						
	Language	Fluency	Understanding	Primary?	Interpreter?	Notes
	English	Mother Tongue		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Is an interpreter required?	Yes					
Additional needs to facilitate communication/a disability of the parent and/or child:	Yes					
How will these needs be met:	How will these needs be met:					
Health						
Please identify any specific health needs of child during contact session:	Please identify any specific health needs of child during contact session:					
How will these be met:	How will these be met:					
Child's prescribed medication (details in full):	Child's prescribed medication (details in full):					
Please advise if the Contact Supervisor/SWA will be required to administer medication during the supervised contact session and if so, provide further details:	Please advise if the Contact Supervisor/SWA will be required to administer medication during the supervised contact session and if so, provide further details:					
Does the child have any allergies (details in full):	Does the child have any allergies (details in full):					
Please specify the milk the child is currently on and/or confirm if mother is allowed to breastfeed/feed:	Please specify the milk the child is currently on and/or confirm if mother is allowed to breastfeed/feed:					
Parents						
Are the parents/relatives/others allowed to take children to toilets unsupervised?	Yes					
Are parents allowed to undertake contact with children/young person into the community:	Yes					
If yes, provide details:	If yes, provide details:					
Can parents take photographs of the children during contact?	Yes					

Please provide detailed information on the reason the child/young person are not in the care of the parent?	Please provide detailed information on the reason the child/young person are not in the care of the parent?
---	---

Contact Session

Specific issues to be observed during contact:	Specific issues to be observed during contact:
Please identify any areas of discussion that are particularly sensitive and cannot be discussed with the family in the section:	Please identify any areas of discussion that are particularly sensitive and cannot be discussed with the family in the section:
Please confirm the supervision required:	Full supervision

Risk Assessment

Risk Factors	
From service users towards - child/young person, contact supervisor, others:	From service users towards - child/young person, contact supervisor, others:
Date these risks were last reviewed:	16-Aug-2019

Background	
Service users e.g. mental health etc:	Service users e.g. mental health etc:
Measures currently in place to reduce risk:	Measures currently in place to reduce risk:
Have there been any recent changes to the identified risk factors. If so what?	Have there been any recent changes to the identified risk factors. If so what?
Does the risk assessment suggest any new measures are required? If so, what?	Does the risk assessment suggest any new measures are required? If so, what?
Are parents/others allowed to meet child on arrival to contact and departure stage (at car)?	Are parents/others allowed to meet child on arrival to contact and departure stage (at car)?
Risks concerning venue – identify venue/place this session/activity takes place?	Risks concerning venue – identify venue/place this session/activity takes place?
Does this session/activity require a particular venue? If so, why?	Does this session/activity require a particular venue? If so, why?
Are there any particular safety issues around venue/environment used?	Are there any particular safety issues around venue/environment used?

Changes	
You must inform Supervised Contact Service (SCS) of all changes in respect of risks during a period of supervised contact. Please state how SCS will be informed and by whom?	You must inform Supervised Contact Service (SCS) of all changes in respect of risks during a period of supervised contact. Please state how SCS will be informed and by whom?

Signature

Name of Social Worker completing assessment	ICS Administrator 5		
Signature:		Date:	
Blank Signature element			
Name			
Signature:		Date:	

Supervised Contact Service Use Only

Date referral received:	
Allocated worker:	<input type="text"/>
Confirmation sent:	