



Walsall Council

Family Contact Policy and Procedures

This set of Family Contact Procedures is consistent with the Council's statutory duties under the Children Act 1989 and the Adoption and Children Act 2002 to promote contact in relation to looked after children and children in need. The aim is to provide a more structured basis for the supervision of contact and will enable the Council to discharge its duties towards these children in a more consistent and effective manner. However, as with all in house procedures it cannot be imposed in such a rigid manner as to fetter the Council's discretion in individual cases or override any requirements imposed by the Courts.



Walsall Children: Safe, Happy and Learning Well

VERSION 2.0

Last Updated: June 2018 - Review Date: April 2019

AUTHOR: Lisa Harris Principal Social Worker, Updated: Julie Jones June 2018

‘Our purpose’

“Walsall Councils Contact Service aims to promote safe, positive enjoyable and purposeful contact for our children and young people as well as their birth families and extended family members. We know that for the majority of our looked after children sustaining or aiding links with their birth families is important. It is our mission to ensure the experience is a positive one and the working relationship we build with children/young people and their families is positive. We do always promote the child and young person’s needs and will prioritise the safeguarding of those we provide supervised contact for”.



1. Planning Contact

In planning and delivering contact for children it is **essential** that there is good quality assessment of the child's contact needs and how these needs can best be met. This is irrespective of whether there is no order, an interim order, full care order or adoption order. Information obtained from this assessment must be recorded within the Child and Family Assessment.

Contact should not be an "**afterthought**", an arrangement that is hastily brought together with little consideration of the child's, birth family, or carers needs.

Inevitably, there will be occasions when contact plans need to be drawn up quickly such as when an Emergency Protection Order goes before a court. This however, should be an infrequent exception.

Every effort must be made to have a planned contact arrangement based on the needs of the child and the circumstances of the case prior to the court hearing. Good quality assessment and plans will assist the court, and those involved with the child, to formulate a plan based on the child's needs. This will reduce the level of discussion immediately prior to the hearing. It will also help to avoid last minute negotiations, which may not have been thought through and in the best interests of the child. Careful forethought is necessary as you may be re-examined on thought processes behind the contact plan. If you have fully assessed the contact needs, it will be easier to explain the plan to the court.

Please refer to the link below to inform your contact proposals [Contact: Making good decisions for children in public law: Frontline Briefing \(2015\)](#)

The essential areas for assessment

In any assessment of contact, there will be essential factors, which will need to be considered. Some of these factors will be more relevant than others depending on the purpose of the contact and the stage of any legal proceedings and care history.

1.2 The purpose of the contact:

- Build or maintain relationships.
- Assure the child/ren they are loved and remembered.
- Ease the pain of separation and loss.
- Give permission to settle in a new family.
- Support reparation and recovery after abuse.
- Provide a reality check.
- Reassure that birth relatives are alive and well.
- Help children to understand their history and identity (particularly for black and ethnic minority children).
- Support life story work and allow children to ask questions about why they do not live with birth parents.

If direct contact is not safe, how else can you meet these needs?

1.3 The child's needs:

- Their age and level of understanding.
- Their wishes and feelings regarding contact.
- Their relationships with family members including siblings.
- Their emotional and developmental functioning and needs including psychological resilience and ability to form attachments.
- The level of harm and ensuring their need for safe contact can be met. This may include issues around the confidentiality of the placement.
- The numbers and location of siblings and their contact needs.
- Their physical and educational needs.
- The likely benefits of contact or adverse effects on them.

1.4 Consider the points below in relation to Babies and infants

Does the baby need a settling in time?

This is a period of peace and quiet for the child, which will allow the baby time to settle, and a home routine to be developed, without diminishing the child/birth parent relationship. Have you assessed a settling in time with the foster carers before contact begins as being necessary?

Will the foster carer come in and support the baby in contact in the initial early contact?

This is especially important for babies who are more vulnerable because they have had undergone detoxification because of being born withdrawing from drugs or alcohol.

Have you planned to minimise the level of disruption to the baby /infant in your contact arrangements?

For example, other adults attending the last half hour or coming to a parent contact on a monthly rota. Contact with other significant adults needs careful planning. If the parents are in dispute then the infant's needs should remain central and the arrangements for contact should not significantly increase in order to meet the individual parent's demands.

Have you considered the impact of travel on the infant's needs?

Travelling should be kept to a minimum. By focusing on quality, not quantity then longer rather than more frequent visits should be considered. However, ideally the initial duration should be no longer than three hours three times a week. This enables the minimum disruption for the infant and maintains consistent and close contact with parents.

Frequency of contact directly relates to the permanency plan (refer to the indicative contact arrangements matrix)

Length of visits should be determined, bearing in mind the infants developmental needs and how parenting capacity and the infants needs change over time. In an

assessment phase, longer visits can allow for a cycle of feeding, sleeping, feeding and play, all with support and education for parents provided.

1.5 The Birth Relatives:

- The relationship of the birth relatives with their child.
- Their views about the plan for placement and proposals for contact.
- Their potential to disrupt placements or undermine the role of the substitute carer.
- Their previous experience of contact.
- Their health, emotional well-being and current functioning.
- Their commitment to contact.
- Their availability for contact, taking into account both their working life and possible need to address issues affecting their parenting. For instance, drugs or relationship counselling.
- The likelihood of them causing harm to the child during contact. This may be in some or all the different categories of abuse.

1.6 The Carers:

- The views, experience and skills of the current or proposed carers in relation to both direct and indirect contact.
- The likely degree of openness in the placement - both structural and communicatively, and, the acceptance of the child's birth family and history.
- The carers existing family, placements, and willingness to facilitate and/or supervise contact.
- The location of the carers in relation to the birth relative and contact venue.

1.7 The Practical Considerations:

- The availability and location of the contact venue in relation to placement and birth relative.
- The ability of the birth relative to travel to the contact venue.
- The assessed risks that may be presented to the child, carers and staff by the birth relatives as well as the potential threat to the stability of the placement.
- The school placement - its location, the effect of contact on the placement and transport arrangements.

2. Our Responsibilities

This duty exists in the absence of any orders for contact. If no agreement is reached on what level of contact should be afforded the child and its parents (or others) the Act provides for the court to make orders by its own motion when making a care order for the child.

However, children have the right to be protected from harmful contact. For children subject to an Interim Care Order or a Full Care Order, the Local Authority can only suspend contact for a limited period (up to a maximum of 7 days).

The Local Authority's duties and responsibilities are set out in The Children Act 1989: Guidance and Regulations Volume 2: Care Planning, Placement and Case Review.

In addition, Regulation 14 of the Fostering Services Regulations places a duty on fostering services to promote contact between a child placed with a foster parent and his/her parents, relatives and friends unless such contact is not reasonably practicable or consistent with the child's welfare.

As with all of our work, the welfare of the child when making contact arrangements must be the paramount consideration.

There is a legal presumption (under Section 34 Children Act 1989) of reasonable contact between children in care and their families.

Even though there is a duty to promote contact, children have a right to be protected from harmful contact.

The Local Authority has the power to decide what amounts to 'reasonable contact'.

Evidence from research and practice strongly indicates that for most children who are separated from their parents, siblings, or other close relatives, it is in their best interests to have some contact with their family. This continues to be the case throughout a child's time in care other than where the Local Authority is granted authority to Place for Adoption. At this point the legal position changes and there is no presumption either for or against contact and an assessment of the child's continuing need for contact must be undertaken

3. Principles Underpinning Contact

Walsall Council recognises that contact most often arises out of separation and loss is often linked to conflict and requires skilled and sensitive intervention.

Contact is an integral part of care planning and must be considered at every stage of the process. Therefore, the purpose of contact is to:

- a) Help maintain the relationships, which are important to the child, young person, parents/ family.
- b) Ease the feelings of loss for child/young person and parent(s).
- c) Ensure that the child/children, parents and other participants are safe when they meet together for contact and that the child's developmental needs are being met during contact time.
- d) Assess if it is possible for children to return to parent or family care.
- e) Help develop parenting skills (if able) through assessment and support
- f) Help us when making long-term decisions about child/children.

- g) Ensure if a child/children is in long-term care the contact can help them understand what has happened and keep links to their past.

Contact should be compatible with the child's needs taking into account their age, ethnicity, culture, religion and disability.

Contact must always be planned and the emphasis should be on the qualitative nature of the contact as opposed to the quantity and duration.

Children, young people and their family's wishes and feelings should be considered when planning contact.

3.1 Walsall Council's Statement Supervised Contact for Looked After Children

We will, in accordance with the requirements of the Children Act 1989 and the Adoption and Children Act 2002, promote contact between children 'looked after', their families of origin and others who have played an important part in their lives.

Contact arrangements will be made in order to protect the child's best interests and emotional well-being.

Contact arrangements must not undermine the child's need to achieve emotional security in their current placement.

We will ensure all children in our care have a plan for contact, enabling them to have reasonable contact with family and other significant people in accordance with their assessed needs and best interests. Particular attention will be given to arrangements whereby a child may lose contact with specific aspects of their cultural heritage.

The Care and Placement Plan will state the purpose of contact, will inform the specific arrangements about the nature and frequency of contact, and will be expressed in a written 'Contact Agreement' signed and agreed by all relevant parties during the initial meeting (see appendix 1 & 1A).

We will ensure that the contact arrangements do not impede a child's right to enjoy mainstream childhood activities.

We will ensure that where it is necessary to safeguard or promote a child's welfare, contact will be appropriately supervised. Such decision and arrangements will be informed by assessment and analysis of risk to the child as detailed in care, placement and contact plans and in risk assessment of safe contact.

We will ensure that where contact visits are to be observed and recorded as part of an assessment, or where they are used to directly influence parenting or family functioning, the adults (and the children, where appropriate) will be informed and this activity will be reflected in the contact plan.

We will ensure that contact plans and arrangements will be discussed and monitored at each statutory Child Care Review. Particular attention will be given to the plan for contact whenever the Care Plan is significantly changed or there is a sudden change of circumstances.

We will ensure that the parents' ability to attend contact is considered as much as we are able to and their views and considerations are taken into account when planning contact. It will be made clear to parents in writing when contact is to take place along, with the arrangements, inclusive of the relevant complaint/compliment procedures.

We will ensure that contact will only be refused in exceptional circumstances for the shortest period of time not exceeding 7 days or until the views of Court are sought and this is only if we are satisfied that it is necessary to do so to safeguard or promote the child's welfare.

We hold that parental failure to attend contact or to be inconsistent in attendance without good reason is harmful to the child's/children welfare.

Medical explanations provided by parents for non-attendance, must be supported by evidence from the relevant physician or health professional. It is recognised that parents may have ongoing health needs and that this may impact on attendance for contact however that will be addressed in the initial planning phase to plan for suitable contact.

It is not in the best interest of the child/children to travel to contact and wait for their parents/carers attendance. If the parents/carers have not attended, **'three'** contact sessions without reasonable explanation, then contact **will be suspended until further discussions take place.**

If the child is subject to interim/ care orders, suspension will be brought to the courts attention as a matter of course and the necessary legal notifications will be given if there is a need to seek permission to refuse contact beyond 7 days.

We will ensure that when parents or family members need help or access to resources in order to maintain contact with their child or children, we will assess how and what level of assistance can be provided.

Social workers should observe complete contact sessions, the frequency of which should be agreed during the initial meeting held with parents/carers, contact officer and social worker and reflected in the contact plan, thoughts to the frequency should be on an individual basis. Attendance to contact will be expected when the child is the subject to legal proceedings, as the court will expect Social Workers to report to the court with this first-hand information. Social workers should have a thorough understanding and oversight of how contact between child/ children and their parents / carers is progressing. Social Workers for children in longer-term care arrangements should observe contact as part of the child/children's care plan.

We will make every effort to maintain some links for a child with his/her family of origin when contact visits are not appropriate. This may include exchange of letters or information through a third party

4. Supervised Contact

Where there are concerns that a child may be at risk during the contact session it will be supervised. **Coram Family's definition of supervised contact from**

'A Guide to Best Practice in Supervised Child Contact states that:

'Supervised contact aims to ensure safety from physical harm and emotional abuse and requires a high level of constant supervision from supervisors experienced and confident enough to intervene immediately and firmly if anything of concern arises. If safe contact is, achieved supervision becomes therapeutic in the widest sense. The contact is managed so that the child is supported in resolving issues with the parent

whom he or she needs to understand; or to provide opportunities for a parent to apologise or in other ways make amends; or to affect a planned and humane ending to contact. In supervised contact, the supervisor plays a role in guiding the parents to improve the quality of interactions and parenting; this may include 'mediating' to improve the quality of interactions between a child's parents or between parents and substitute carers.'

Therefore, supervision is in the context of contact arrangements: the observation, monitoring and, if necessary, intervention, in face to face contact (inclusive of monitored telephone calls or social media contact) between a child and their birth relative should be for the following reasons:

- **Safety** - This may be where there are concerns about a child's safety due to child protection issues.
- **Assessment / Reunification** - for example, to consider parenting capacity, strength of attachment or viability of a looked after child returning home.
- **Identity** - the need for the Local Authority to promote contact for looked after children, primarily in long term placements to help them understand their origins and support a positive sense of self as part of the looked after child's journey.

Supervision may take the form of either observation or more active participation of the supervisor and could involve the use of video equipment.

4.1 Level of supervision

This should clearly be stated and agreed in the contact plan in order to ensure the safety of the child, the contact supervisors and others including carers/other family members.

In all levels of supervision, a formal risk assessment will need to be completed by the child's Social Worker. The differing levels of supervised contact are:

Low Risk - Minimal Oversight.

This could involve partly supervising a contact, or supervising handovers between parents.

High Risk Level 1 - Close Supervision.

Inclusive of monitoring and recording of interactions – this to include whether supervision of toileting and food preparation is required. This type of supervision can be part of plan for reunification or assessment or to manage risk to child and parent. Sessions of close supervision to have one supervisor present at all times. May include video recording as part of assessment or intervention work.

High Risk level 2 - Close Supervision plus.

Includes the above plus, using more than one supervisor and may include use of video monitoring due to assessed risks to child, staff or parent.

4.2 Contact Supervising Officers

Those that supervise contact should be fully briefed on the circumstances on individual circumstances and know what the issues are and level of supervision required. As a matter of basic safeguarding, supervisors are professionally and personally responsible for ensuring that they have this information prior to contact.

As far as possible, the same Supervised Contact Officer should be supervising contacts for a particular child/family. This promotes positive relationships, gives consistency to children and young people and reduces the need for briefing different supervisors as well as ensuring less disruption for the child, birth parent/relative and child's current carer's.

5. Risk Assessments

Before the commencement of supervised contact, the Social Worker must undertake a written clear analysis of the risk inherent in contact for all involved, the risk assessments and referrals forms are on the workflow within mosaic.

Risk Assessments must be clear regarding the following:

- Risk of physical and/or emotional harm to the child
- Risk of abduction
- Safety issues
- Specific risk to include domestic violence, substance misuse
- Specific risk of sexual abuse / offending including a recognition of arousal and triggers
- Risk to other service users, staff and supervisors –inclusive of mental illness or learning and behavioural difficulties, physical health or medical issues

The severity and likelihood of each risk can be differentiated:

- Risks that are so grave that contact should not be allowed;
- Risks that indicate a high level of supervision and control;
- Lower levels of risks which all involved should be aware of but are not likely to affect the supervision

The following paragraphs constitute specific guidance in relation to management of risk in particular circumstances.

5.1 Substance Misuse

Substance misuse in and of itself does not mean a parent cannot provide good enough care to their child/children. The risk assessment should inform the supervising officer of the risk to the children, employees and other service users when an adult appears to be adversely affected by substance misuse. The supervising officer has the right to cancel the contact if the person attending contact presents as being under the influence. Should this be the case they will be asked to leave the premises, this is made clear within the Contact Agreement that all parents, social workers and supervised contact officers have to sign up to.

All parties should be informed in writing of this occurrence by the child's Social Worker and the matter brought to the court, the Children's Guardian (if in proceedings) and IRO's attention.

5.2 Domestic Abuse

In addition to the general risk assessment form completed within the referral, Social Workers will be required to provide a freestanding DV Risk Assessment (see appendix 2 Guidance C)

Involvement in cases of domestic violence and issues of contact fall within the following areas:

- Child protection-when children have suffered or are likely to suffer significant harm due to parental relationship
- When parents remain together or are likely to re-unite and children have been removed for their own safety pending assessment and intervention;
- When the non-abusing parent cannot safely protect from the parent posing a risk

In cases of domestic violence there is a presumption of no contact if the person seeking contact is a domestic violence perpetrator (DVP) whose risk is either un-assessed or who has been assessed as a high /medium risk in the past and has not undergone a treatment programme or has failed such a programme.

An assessment of the child's wellbeing and the risks from a perpetrator should always be undertaken before a decision to offer contact is made.

In assessing the suitability of a DVP having direct contact, Social workers should follow the guidance as set out in the expert report Sturge and Glaser (2000) balance sheet included in Appendix 2.

5.3 Sexual abuse

Although it is unlikely that in a supervised contact setting a further actual abuse incident would take place, we cannot ascertain the emotional impact of contact on the child/children and alleged perpetrator, therefore when there has been disclosure or an allegation of sexual abuse, contact between the child/children and the alleged perpetrator should not take place until an assessment of risk and the child/children's wishes are known. Only after thorough assessment and discussion with all parties should contact then be given consideration.

In relation to sexual offenders, the Local Authority must have an understanding, as far as it is able to, of the risk of recidivism of the offender and the triggers for such risks re-occurring. Supervising the interaction between a child and a sexual offender does not automatically make the contact safe. It could in fact increase the risks an offender may pose if their abuse cycle is active and may reinforce the child's fear and anxiety that underlines the grooming process. Again, only after thorough risk assessment (which may mean a full sexual offender risk assessment) and discussion with all parties should contact be a consideration.

5.4 PPRC

Any proposal for contact by a person known to pose a risk to children (PPRC), or whose behaviour is considered to pose risk to children but may fall outside of the offence list, must be subject to relevant risk assessment procedures commensurate

with the type of offence committed. In addition to the general risk assessment, form completed on referral social workers will be required to provide a freestanding PPRC risk assessment as described in the guidance within appendix 2 assessments related to contact.

All risk assessments in the specific cases as listed should be copied to the IRO and The Guardian for the children if the matter is in Family Proceedings.

6. The Contact Plan and Review

Every effort should be made to secure a contact plan and agreement prior to the commencement of contact when a child becomes looked after. However, interim arrangements may need to be made prior to the establishment of a full contact plan. Such a fully completed plan must be in place before contact is delivered through the contact service.

The formulation of this plan will need to be done in consultation with the child's carers, birth relatives, contact providers and the child. Discussion may also need to take place with the carer's link worker and the child's school, the child/ren's guardian (if relevant) and the IRO. The planning of contact relates to the care planning for a child in care. The contact plan should be recorded as a separate document, which can then be integrated into relevant parts of, the:

- The Placement Plan
- The Care Plan
- Social Work Evidence Template (SWET) document as appropriate

A separate document enables the contact plan to then be transported into a signed agreement as to the arrangements for contact (formally the written working agreement).

6.1 Contact Plan

This must be fully completed prior to the contact commencing if possible, but certainly by the time new arrangements via the Contact Service begin. This will build on the interim plans. The plan is to include all those likely to be involved in the contact arrangements and should address the following:

- Why is contact important for this child and family?
- What is the purpose of contact e.g. assessment, maintain links, rehab?
- Who should not have contact with whom and why?
- Why is there a need to supervise the contact?
- What level of supervision is required and why?
- What level of recording is required?
- Duration and frequency detailing the relevance of the child's developmental needs in determining the duration and frequency of contact.
- The role of the foster carer and /or residential service in the contact arrangements
- If the child is of school age, contact during term time should only be arranged to take place after school, on weekdays and must take into account the child's normal after school social and emotional development activities.
- If the child is pre - school, contact is likely to take place on weekday mornings but may need to fit in with nursery or pre-school education
- Opportunities for parents to take part in such activities as part of an assessment of parenting should be considered when planning and reviewing contact
- If the child is a baby, the contact plan will also need to take into account the

child's need to develop their attachment to their primary carers, taking into account the child's feeding and sleeping routines, distance of travel etc.

- **Financial Arrangements** – These must be set out clearly in the contact plan and take account of the financial means of the parents. Any costs that the parents cannot meet for activities need to be agreed in advance with the Social Workers managers and arrangement made for such funding to be available to the Supervising Contact Officer before the contact session takes place. Parents are encouraged to use low-cost community resources to develop sustainable activities with their children.
- The Contact Service will meet funding for Supervised Contact Officers only, prior approval needs to be agreed by the Contact Service Management Team before contact is arranged.
- Refreshments for the child/young person during the contact session are the responsibility of the foster care/residential establishment and a nominal amount of pocket money should be provided, should a community-based activity be held. If the child/young person's placement is out of borough or at a distance from the parent home, the Social Worker should reimburse public transport costs to the parents, if they are in receipt of benefits or on a low income.

6.2 Suspension /Refusal of contact/Rescheduling

The plan should also address grounds for Suspension / Refusal of contact.

There is provision in the Children Act 1989 Section 34(6) for contact with a child who is in the care of the Local Authority to be suspended for 7 days, where this action is urgently required to safeguard the child's welfare. Contact can only be refused after the seven days have expired by an order of the court.

No child should be expected to persist unwillingly or unhappily in contact with a parent/carer.

If difficulties are perceived in the quality or nature of the contact, we should aim to do everything reasonably possible to improve the quality before we consider a reduction or suspend contact.

Contact should only be temporarily terminated or suspended if it is in the child/children's best interest to do so, based on an assessment of the child/children's needs and welfare.

6.3 The following grounds will trigger suspension:

- Parents present as being under the influence of any substances such as drugs or alcohol.
- Acts of aggression/violence verbal or non-verbal to staff or children.
(Supervisor needs to be aware of subtle sexual advances/suggestions that may not be seen as overly aggressive towards the adult).
- Parents turning up persistently late
- Parents not attending on 3 occasions, without reasonable explanation being in breach of the agreed contact plan.
- Other persons who are not authorised to attend and the parent and or associate refuses to comply with a request that the person remain outside of the contact.
- The child is distressed by the visits and refuses to attend or demonstrates significant resistance to attend contact.
- If the adult is not in a suitable physical/mental or emotional state to meet the needs of the child.
- The above is not an exhaustive list; other grounds for suspension based on

an assessment of risk may emerge.

In making such judgments, supervisors should seek advice from the relevant Social Care Manager or in their absence the duty worker and the Contact Service Team Manager or Assistant Manager.

6.4 Review

It is essential that all contact arrangements be reviewed to ensure that the nature and frequency of the arrangements continue to meet the needs of the child/young person.

The initial set-up meeting will be chaired by the Social Worker, in attendance should be the Supervised Contact Officer, all adults who have been approved as having contact with the child/ren and the foster carers (as appropriate). Formal reviews of the contact arrangements will be chaired by the Team Manager of the allocated Social Worker and will involve the parents, Social Worker, Supervised Contact Officers and foster carers (as appropriate), the frequency of reviews should be made on an individual basis. These formal reviews will inform the planning for looked after children.

There will however be occasions when the contact will need to be reviewed in the light of significant changes, which require immediate response. This may be the case even if an agreed plan for contact has been agreed in court proceedings. Where there are serious concerns about existing contact arrangements and these arrangements are detrimental to the welfare of the child, the Local Authority must review and take action if necessary. This may involve seeking legal advice and taking legal action through Section 34(4) Children's Act 1989 - permission to refuse contact with a child in care.

6.6 Rescheduling of Contact Provision

The cancellations of contact will be rescheduled where possible unless the reason for cancellation is as follows:

- Attending court - unless they only have 1 session or less per week.
- Cancellation of contact by parents or cancellation due to child's/parents illness.
- Cancellation due to a medical appointment for child – unless they only have 1 session or less per week.
- Children are on holiday with their foster families.
- Contact sessions that fall on a bank holiday - When contact falls on a Bank Holiday, contact will not take place and will not be compensated, therefore we will endeavor to ensure contacts are organised to minimise this risk.

7. Walsall Contact Service

7.1 Contact Service Remit

All Supervised Contact will be provided by the in-house service, it is envisaged that only in special circumstances, or where demand of the service is great that it will be provided through the Contact Framework through the commissioning process.

The Contact service will support reasonable levels of supervised contact in relation to children looked after up to the point of Adoption.

A summary of each contact session will be given to parents following contact, at the formal review meetings, and as part of the statutory review process or within any assessment process. Any additional meetings required due to

contact issues or concerns, will be considered by the contact service and the Social Worker will be expected to attend.

The provision of supervised contact for either children in need or children who are subject to a child protection plan will need to be met through the resources of the team and will not be undertaken by the contact service unless Senior Managers have agreed.

In exceptional circumstances, the contact service will consider assisting with time limited supervised contact, where it is specified in a SGO support plan or the child/children is subject to other orders such as Interim Residence order or Interim Supervision Order, or where Proceedings have been initiated on a No Order Principle. However, such support is discretionary and will be subjected to the priority needs of the Looked After population.

Post Adoption Support for contact falls outside of the scope of the contact service and is managed by the adoption service.

Social workers are required to support final 'Goodbye' contacts where children are to be placed for Adoption. Unless it is considered not in the child's interests for this to happen, e.g. in extremely acrimonious situations between Social Worker and parents. In these situations, discussions must be held with the Contact Manager & Assistant Manager who will oversee the final contact.

Contact between siblings placed separately is the responsibility of foster carers (including kinship carers) to facilitate, exceptions being where some children may remain in the family home while others are in foster care. Support can be given to foster carers by the contact service in these circumstances.

Any SGO support plan which encompasses a provision for the Local Authority to supervise contact must be consulted upon by the relevant social worker /Team manager with the Manager or Assistant Manager of the contact service

to determine whether such proposals can be supported by the contact service. Any areas of disagreement will be escalated to senior management for a decision.

7.2 Assessments

The Supervised Contact Officer may be requested to set tasks e.g. providing and preparing healthy food, helping support or plan play activities, taking out to the park etc. as part of a parenting assessment requested by the Social Worker.

Parents may also be asked to 'research' certain information e.g. what time clinic is available etc.

Contact is an artificial arrangement, and this will affect the relationships of all involved. This applies to both positive and negative features observed during contact.

Assessments that are carried out during supervised contact sessions, by their very nature cannot be classed as parenting assessments themselves as workers are unable to assess the parent's ability in coping with their children full time and therefore this will not give an overall reflection of their parenting capacity.

Observations during contact time will be made of the following:

- Punctuality
- Commitment
- Emotional Warmth
- Stimulation
- Communication
- Meeting basic care needs
- Guidance and Boundaries
- Safety – being aware of potential hazards etc.

When contact forms part of an assessment this should be made absolutely clear to those involved in the contact.

If the assessment is going to lead to a temporary change in the frequency of contact, those having contact should understand why this is.

7.3 Contact Records/ Summaries (commissioned and in house service)

Contact Records must be recorded onto mosaic and made available to the social worker within 72 hours of the contact taking place. It is the responsibility of the child/ children's social worker to ensure that these are read, the content reviewed, and any issues addressed in a timely manner.

7.4 Procedures for suspension /refusal of contact

If contact has started but is to be curtailed due to the welfare of the child requiring it, the Supervised Contact Officer will liaise with the Manager and/or Assistant Manager and the child's social worker/ Practice Manager/Team Manager. The Contact Service Manager or Assistant Manager will take any immediate decisions based upon the child's immediate welfare to suspend or terminate contact if the social worker, Practice Manager and/or Team Manager are unavailable.

Following any suspension or refusal of contact, if the matter is in court immediate contact should be made with Legal Services, The child's guardian and the IRO by the child's social worker or the social worker's duty team. Where relevant information is required from key professionals this should be formally sought immediately.

Social workers must write to the parent within **1 working day** confirming the reason for the suspension and the date of a review of contact meeting.

The review of contact meeting will be held within **3 working days** of the suspended contact. The meeting will be called with the parents, child/ children's social worker and contact supervisor and the child/children's guardian (if involved)

The social worker must consult with the IRO prior to such a meeting and share what is proposed.

Agenda for the Meeting must address:

- A review of the risk assessment and contact plan and agreement
- Exploring parent's reasons for behavior in contact. For example, not attending may indicate confusion and anxiety on the part of parents, reflecting not a lack of commitment but a need for support.
- Any recommendations and changes made to contact will be notified to the IRO and legal services.

Any decision to continue to refuse contact must be made by the Team Manager, in discussion with the Group Manager and in consultation with Legal Services.

7.5 Alterations to contact

Alterations to contact arrangements wishing to be made by the social worker (excluding new person attending which will require an updated referral and risk assessment) e.g . times, dates, level of supervision, frequency etc. must be discussed with the contact service to assess their viability. It is the responsibility of the social worker that the contact service, foster carer and parents are kept fully informed of contact changes.

Any concerns / issues regarding foster carers must be communicated to the social worker and it is the social worker's responsibility to discuss such concerns with their support officer in Family Placement.

7.6 Making a referral to Contact Service

Referrals are made via the workflow within Mosaic, a referral, risk assessment needs to be fully complete, and the request sent through Mosaic workflow to the Contact Service.

Foster carers/carers must be asked to transport children to and from contact unless there are exceptional circumstances.

Social workers may ask fosters carers to support infants and babies in the early period of settling the contact routine but this is not asking them to act as supervisors. There will always be a supervisor present if foster carers are involved in such infant contact in the early period.

Whilst the referral is being processed, the child's social worker is responsible for ensuring that contact is delivered for a maximum 2-week period, the Contact Service will endeavour to make Supervised Contact Arrangements within 7 working days of the fully completed referral and risk assessments being sent.

Following this, an Initial Meeting will be arranged where the Supervised Contact Officer, Social Worker and parents will attend to agree the contact, to eradicate any concerns and to be clear of expectations from all. A Contact Agreement will be signed following this meeting by parents, Social Workers and Contact Officers.

At every review stage this agreement and contact plan will be updated, it is the responsibility of the contact service to ensure that the Contact Agreement is updated and signed by all parties

It is the responsibility of the social worker to ensure the referral and risk assessment form, contact plan and additional risk assessments if required are complete and forward to the contact service administrator through Mosaic.

The contact management team will return any incomplete forms to the sender and referrals will not be processed.

The contact service management team will inform the child/children's social worker which Supervised Contact Officer will be allocated.

7.7 Cancellations

Social workers must notify the contact service, preferable the allocated Contact Office 48 hours before a due contact if contact is not to go ahead due to court dates, LAC reviews, children on holiday etc .

Failure to notify the contact service of cancelled contacts based on the above avoidable grounds is a waste of resource so will risk the withdrawal of the service to the case and may result in the social work teams having to use its own resources to support the contact.

Where long-term contact arrangements are in place, social workers are to advise parents that cancellation of attendance must, if possible be notified within a 48-hour period.

The contact service is aware that parents may become unwell or will not comply with notifications in agreed contact plans however this matter is addressed through the 3 cancelled contacts procedure.

Parents who cancel 3 contacts without good reason will trigger the review process. If parents cite medical grounds, evidence must be produced.

Contact Plan

The contact plan forms the basis for the contact agreement of the arrangements for each child and family. All parties must sign and be given a copy and accept their role and responsibilities with regard to this. The focus of the contact plan must always be the needs of the child.



Walsall Council

Walsall Councils Children's Contact Centre

Family Centre

Stroud Avenue

Willenhall

WV12 4EG

Supervised Contact Agreement

The purpose of the agreement is to set out the purpose of Contact, the expectations of both parents/family members and Officers at the Centre and to ensure that we all make the most of the time spent together.

Our purpose

“Walsall Councils Contact Service aims to promote safe, positive enjoyable and purposeful contact for our children and young people as well as their birth families and extended family members. We know that for the majority of our looked after children sustaining or aiding links with their birth families is important. It is our mission to ensure the experience is a positive one and the working relationship we build with children/young people and their families is also positive. We do always promote the child and young person's needs and will prioritise the safeguarding of those we provide supervised contact for”.

This is a written 'Supervised Contact Agreement' between Walsall Council's Children's Services and the adults named below.

Name of Child	
Legal Status	
Purpose of Contact	
Contact is only for the following named adults	

Other adults will not be allowed into contact without prior agreement from the Social Worker and relevant risk assessments being completed

Contact Arrangements

You will be provided with a letter confirming dates and times of the contact that has been arranged.

Parents/Adults Responsibilities

We ask for the benefit of the children and young people you will be having contact with and to ensure that everyone works together to ensure that contact is a positive experience that you:

- Arrive on time for contact, if for any reason you are running late please inform the centre on 01922 652680. The staff at the centre will let your child/ren know and will wait for a maximum of 20 minutes from the start of your contact. If you miss a contact session the Social Worker will be notified and should you not attend for 3 contact sessions without a reasonable explanation contact will be suspended for 7 days and the social worker and their Team Manager will review the contact arrangement and you risk contact not being continued
- Treat everyone with the respect that you will be given, the centre staff will not tolerate abusive language, aggression, threatening or intimidating behaviour. You will be asked to leave should you breach this request and the contact session will be cancelled. The safety and securing of the children and young people at the centre along with the Staff is paramount and will not be compromised
- Enjoy the time you have together with your child/ren, spend the time talking and playing with your child/ren, the Contact Officers where appropriate will give you advice and make sure the environment which will be clean and comfortable and age appropriate equipment is available

- Please do not try and enter the centre if you have been drinking or have taken any illegal substances. If you are under any influence you will not be allowed into the centre and the contact will be cancelled. Should you fail to co-operate with the centre staffs request and cause disruption or upset, the social worker will be notified
- Your child/ren will meet you in the contact reception or contact room, please do not try and greet them on the car park or try to accompany them when they leave, you will be asked to stay in the contact room or reception whilst the child/ren leave
- You can/cannot take photos during contact but please do not put them onto any social media such as facebook, snapchat, instagram etc.
- We ask that you do not use your mobile phones to take calls, make calls or to text. Your time with your child/ren is there to be used proactively and we ask that you prioritise this time to your child/ren
- If you would like us to take some photo's during contact we can take up to 3 per session and email them to the social worker, just let your Contact Officer know
- If you do need to make or receive an urgent phone call, please let the Contact Officer know and you can step out of contact to do so
- No videos are allowed at all
- Gifts – you may/maynot give gifts to your child/ren
- The Centre is a No Smoking Zone, if you do smoke and **cannot wait** until after contact we ask that you leave the premises including the car park area

The Council's Responsibilities

- We will, where possible meet with you prior to the first contact session taking place so that you know who your Contact Officer will be and can discuss any concerns/worries that you have
- We will make sure that we arrive promptly for contact, if there are any delays we will make sure we contact the centre and explain why, where possible we will try and make up any missed time of your contact on that or the next contact session

- When the contact is a participation session we will engage proactively in the contact session, offering advice on parental skills, including play, suitable age appropriate toys, feeding, bathing etc
- We will make sure that the child/ren are safeguarded at all time
- We will behave in a professional, polite and respectful manner at all times
- We will inform parents of any cancelled contacts as soon as possible
- We will report to the Social Worker and/or team manger any inappropriate behaviour during contact or any termination of contact immediately
- We will provide the Social Worker with detailed and accurate recordings of contact and we will ensure they are available for the Social Worker within 72 hours of the contact taking place.

Review

The contact agreement will be reviewed, you will be advised of the date and time

Complaints/Compliments/Consultation

- If you have any complaints about the centre or the contact session they should be reported to the Centre Manager or Assistant Manager in the first instance or to the Social Worker
- We also welcome your feedback about the contact centre, the facilities and your overall experience, please ask the contact worker for a form for you to complete or ask them to complete it on your behalf

Any other relevant information that is to be part of this agreement

Information Sharing & Confidentiality

- The information within this agreement is to be shared only with the following people and/or agencies
 1. Parent(s)
 2. Persons holding parental responsibility for the child/ren
 3. Walsall Councils Children's Services
 4. Legal representative of parent(s)

- Confidentiality, we ask that parents/adults do not discuss personal information with other parents in the building

Failure to comply with this may result in a breach of the Data Protection Act 1998 which is a criminal offence

We agree with the information detailed within this agreement and we agree to adhere to this Contact Centre Agreement

Signed Parent

Print Name..... Date

Signed Parent

Print Name Date

Signed Social Worker

Print Name Date

Signed Contact Service

Print Name Date



Walsall Council

Walsall Councils Children's Contact Centre

Community/Activity Contact Agreement

The purpose of the agreement is to set out the purpose of Contact, the expectations of both parents/family members and Officers during Contact and to ensure that we all make the most of the time spent together.

Our purpose

“Walsall Councils Contact Service aims to promote safe, positive enjoyable and purposeful contact for our children and young people as well as their birth families and extended family members. We know that for the majority of our looked after children sustaining or aiding links with their birth families is important. It is our mission to ensure the experience is a positive one and the working relationship we build with children/young people and their families is also positive. We do always promote the child and young persons needs and will prioritise the safeguarding of those we provide supervised contact for”.

This is a written 'Supervised Contact Community/Activity Agreement' between Walsall Council's Children's Services and the adults named below.

Name of Child	***
Legal Status	***
Purpose of Contact	***
Contact is only for the following named adults	***

Other adults will not be allowed to join the contact without prior agreement from the Social Worker and relevant risk assessments being provided

Contact Arrangements

You will be provided with a letter confirming dates, times and venues of the contact that have been arranged.

Parents/Adults Responsibilities

We ask for the benefit of the children and young people you will be having contact with and to ensure that everyone works together to ensure that contact is a positive experience that you:

- Any entrance fees for activity venues must be paid by you, this includes entrance fees for your child/ren, unless otherwise agreed by the Social Worker who will arrange payment
- Arrive on time for contact at the agreed matting place, if for any reason you are running late please inform the centre on 01922 652680. The staff at the centre will let your child/ren know and will wait for a maximum of 20 minutes from the start of your contact.
- Treat everyone with the respect that you will be given, our staff will not tolerate abusive language, aggression, threatening or intimidating behaviour. Should you breach this request the contact session will be cancelled. The safety and securing of the children and young people along with the Staff is paramount and will not be compromised.
- Contact is for the named adults and children only, please do not arrange to meet anyone else during this time as your Social Worker will be informed and this may affect your future contacts taking place in the community.

- You *** (may/may not) can take photos during contact*** (but please do not put them onto any social media such as facebook, snapchat, instagram etc).
- We ask that you do not use your mobile phones to take calls, make calls or to text. Your time with your child/ren is there to be used proactively and we ask that you prioritise this time to your child/ren
- No video's are allowed at all
- Gifts – you *** (may/may not) give gifts to your child/ren

The Council's Responsibilities

- We will where possible meet with you prior to the first contact session taking place so that you know who your Contact Officer will be and can discuss any concerns/worries that you have
- We will pay any entrance fees for the Contact Officers
- We will make sure that we arrive promptly for contact, if there are any delays we will make sure we contact you where possible and also contact the centre and explain why, where possible we will try and make up any missed time of your contact on that or the next contact session
- We will make sure that the child/ren are safeguarded at all time
- We will behave in a professional, polite and respectful manner at all times
- We will inform parents of any cancelled contacts as soon as possible
- We will report to the Social Worker and/or Team Manger any inappropriate behaviour during contact or any termination of contact immediately
- We will provide the Social Worker with detailed and accurate recordings of contact and we will ensure they are available for the social worker within 72 hours of the contact taking place.

Review

The contact agreement will be reviewed and will you will be advised of the review date.

Complaints/Compliments/Consultation

- If you have any complaints about the centre or the contact session they should be reported to the Centre Manager or Assistant Manager in the first instance or to the Social Worker
- We also welcome your feedback about the community/activity venue, the facilities and your overall experience, please ask the contact officer for a form for you to complete or ask them to complete it on your behalf

Any other relevant information that is to be part of this agreement

Information Sharing & Confidentiality

- The information within this agreement is to be shared only with the following people and/or agencies
 5. Parent(s)
 6. Persons holding parental responsibility for the child/ren
 7. Walsall Councils Children's Services
 8. Legal representative of parent(s)
- Confidentiality, we ask that parents/adults do not discuss personal information with other parents in the building

Failure to comply with this may result in a breach of the Data Protection Act 1998 which is a criminal offence

We agree with the information detailed within this agreement and we agree to adhere to this Agreement

Signed Parent

Print Name..... Date

Signed Parent

Print Name Date

Signed Social Worker

Print Name Date

Signed Contact Service

Print Name Date

Appendix 2

Assessments Relating
To
Supervised Contact

Guidance A - Assessment of child's contact needs

In planning and delivering contact for children it is **essential** that there is good quality assessment of the child's contact needs and how these needs can best be met. This is irrespective of whether there is no order, an interim order, full care order or adoption order. Information obtained from this assessment should be recorded within the Child and Family Assessment.

Contact should not be an "**afterthought**" or an arrangement that is hastily brought together with little consideration of the child's, birth family or carers needs. Inevitably, there will be occasions when contact plans need to be drawn up quickly such as when an Emergency Protection Order goes before a court. This however, should be an infrequent exception.

Every effort must be made to have a planned contact arrangement based on the needs of the child and the circumstances of the case prior to the court hearing. Good quality assessment and plans will assist the court, and those involved with the child, to formulate a plan based on the child's needs. This will reduce the level of discussion immediately prior to the hearing. It will also help to avoid last minute negotiations, which may not have been thought through and in the best interests of the child. Careful forethought is necessary as it is entirely possible that you may be re-examined on thought processes behind the contact plan. If you have fully assessed the contact needs it will be easier to explain the plan to the court.

Please refer to https://www.rip.org.uk/download/242/RIP_Frontline_Tool_ContactMakingGoodDecisions_web.pdf to inform your contact proposals.

The essential areas for assessment

In any assessment of contact there will be essential factors which will need to be considered. Some of these factors will be more relevant than others depending on the purpose of the contact and the stage of any legal proceedings and care history.

1. The purpose of the contact:

- Build or maintain relationships.
- Assure a child they are loved and remembered.
- Ease the pain of separation and loss.
- Give permission to settle in a new family.
- Support reparation and recovery after abuse.
- Provide a reality check.
- Reassure that birth relatives are alive and well.
- Help children to understand their history and identity (particularly for black and ethnic minority children).
- Support life story work and allow children to ask questions about why they do not live with birth parents.

If direct contact is not safe, how else can you meet these needs?

2. The child's needs:

- Their age and level of understanding.
- Their wishes and feelings regarding contact.
- Their relationships with family members including siblings.
- Their emotional and developmental functioning and needs including psychological resilience and ability to form attachments.
- The level of harm and ensuring their need for safe contact can be met. This may include issues around the confidentiality of the placement.
- The numbers and location of siblings and their contact needs.
- Their physical and educational needs.
- The likely benefits of contact or adverse effects on them.

Prompts

Consider the points below in relation to Babies and infants

Does the baby need a settling in time?

- This is a period of peace and quiet for the child which will allow the baby time to settle and a home routine to be developed without diminishing the child/birth parent relationship. Have you assessed a settling in time with the foster carers before contact begins as being necessary?
- **Will the foster carer come in and support the baby in contact in the initial early contact ?**

This is especially important for babies who are more vulnerable because they have had undergone detoxification because of being born withdrawing from drugs or alcohol.

- **Have you planned to minimise the level of disruption to the baby /infant in your contact arrangements?**
- For example, other adults attending the last half hour or coming to a parent contact on a monthly rota. Contact with other significant adults needs careful planning. If the parents are in dispute then the infant's needs should remain central and the arrangements for contact should not significantly increase in order to meet the individual parent's demands.
- **Have you considered the impact of travel on the infant's needs?**
- Travelling should be to be kept to a minimum. By focusing on quality not quantity then longer rather than more frequent visits should be considered. However, ideally the initial duration should be no longer than three hours three times a week. This enables the minimum disruption for the infant and maintains consistent and close contact with parents.

- **Frequency of contact directly relates to the permanency plan (refer to the indicative contact arrangements matrix)**
- Length of visits should be determined bearing in mind the infants developmental needs and how parenting capacity and the infants needs change over time. In an assessment phase, longer visits can allow for a cycle of feeding, sleeping, feeding and play, all with support and education for parents provided.

3. The Birth Relatives:

- The relationship of the birth relatives with their child.
- Their views about the plan for placement and proposals for contact.
- Their potential to disrupt placements or undermine the role of the substitute carer.
- Their previous experience of contact.
- Their health, emotional well-being and current functioning.
- Their commitment to contact.
- Their availability for contact, taking into account both their working life and possible need to address issues affecting their parenting. For instance, drugs or relationship counselling.
- The likelihood of them causing harm to the child during contact. This may be in some or all the different categories of abuse.

4. The Carers:

- The views, experience and skills of the current or proposed carers in relation to both direct and indirect contact.
- The likely degree of openness in the placement - both structural and communicatively, and, the acceptance of the child's birth family and history.
- The carers existing family and placements and willingness to facilitate and/or supervise contact.
- The location of the carers in relation to the birth relative and contact venue.

5. The Practical Considerations:

- The availability and location of the contact venue in relation to placement and birth relative.
- The ability of the birth relative to travel to the contact venue.
- The assessed risks which may be presented to the child, carers and staff by the birth relatives as well as the potential threat to the stability of the placement.

- The school placement - its location, the effect of contact on the placement and transport arrangements.

Use the indicative contact matrix (Appendix 1) to develop your contact proposals. The arrangements outlined in the contact matrix are a GUIDE ONLY and must only be used as such. An assessment of the child's contact needs must be carried out with clear recommendations as to why this is the level of contact proposed.

Guidance B - Assessment Framework for PPRC having or seeking contact or proposing to live in same household with children

The term 'Poses Risk to Children' applies once an individual has been identified as presenting a risk or potential on going risk of harm to children / young people due to being convicted or cautioned in regards to specified offences. The term incorporates those individuals who have been in the past convicted for an offence under Schedule One and are assessed as posing a future risk of harm to children / young people.

Some individuals who have been convicted of an offence under Schedule One may be assessed as no longer posing a future risk of harm to children and some individuals convicted of violent or sexual offences not detailed or within Schedule One, may be assessed as posing a future risk of harm to children / young people.

Additionally there will be cases where a person without a conviction or caution may pose a risk to children / young people. For example, a finding of fact in a Civil Court that an individual poses a risk to children, an individual subject to a Risk of Sexual Harm Order (Sexual offences Act, 2005) or other non-offence related information, indicates that a person is a potential risk to children. Although assessments exploring the nature of the risk and the need to manage such risk can mirror that for a PPRC, social workers should be clear in their recording, and management of such cases, that s47 criteria is being applied and not procedures detailed under MAPPA arrangements.

In line with CCP, no contact should occur between a PPRC and a LAC unless there is a risk assessment in place. It is a false premise to assert that supervised contact is safe contact for a child, particularly in the context of a sexual offender.

Contact Visits by Children to High Security Hospitals and Prisons

High secure hospitals and prisons have a duty to implement child protection policies, and liaise with their local LSCB. They should also provide safe venues for children / young people's visits and provide nominated officers to oversee the assessment of whether visits by specific children / young people would be in their best interests.

If requested, Children's Social Care must assist staff in high secure hospitals and prisons to carry out their responsibilities in relation to the assessment (LAC (99) 23 amended by LAC (2000)18).

With regards to visits by children / young people to patients who have mental health difficulties and are in local non-special hospitals (including those detained under the Mental Health Act 1983), the onus for risk assessments lies with the Local Mental Health Trust.

Patients and prisoners who pose a 'risk to children / young people' will only be eligible for a visit if within the permitted categories of relationship (legitimate and natural children, step children, adopted children and children of the prisoner's partner- provided the prisoner and partner were residing together prior to imprisonment).

The nominated officer of the relevant hospital or prison must contact a person with parental responsibility for the child to:

- Seek her/his consent for the visit
- Confirm the relationship of the child to the patient or prisoner
- Clarify who will accompany the child on the visit (must be a parent, relative, foster carer or employee of Children's Social Care)

A clinical assessment in the case of a patient and an assessment by the Prison Probation Officer in the case of a prisoner must be undertaken. If the assessment findings are supportive of the visit and the person with parental responsibility is in agreement, the assessment must be forwarded to Children's Social Care with a request to undertake an assessment about whether the visit is in the child's best interests.

Social workers are competent to undertake these assessments and should only refer to ISW or Lucy Faithfull where there are equivocal outcomes in the assessment.

It is best practice that the social worker undertaking this assessment is different from the allocated child's social worker

Reference Materials:

- Jeff Fowler Assessing Sex Offenders
- Martin Calder- Various materials and assessment scales

Copies available in CBAS Library

ASSESSMENT FRAMEWORK TEMPLATE:

Person Posing a risk to children or where professionals have identified behaviours that may pose a risk – e.g Findings of fact in previous civil proceedings (can be used as part of MAPPA or s47 enquiry)

Section 1: Introduction

- Name, D.O.B , Ethnic Origin, Religion, any alias of PPRC , current address
- Name, D.O.B , Ethnic Origin, Religion, address of child
- State Reason for the assessment , e.g. request for contact with a child, wishes to live in a household with a child
- Agencies contacted during the assessment of the PPRC: Police, Prison, Probation, Housing, GP , CMHT , Other
- Frequency of assessors contact with PPRC
- Agencies contacted during the assessment of the child and their family (see Tool Kit 1)
- Has the child been seen alone? (if age appropriate)
- Frequency of assessors contact with child and carer/family

Section 2: The PPRC behaviours of concern

Details of offences, suspected offences against children, convictions, cautions, findings of fact, allegations, general concerns

- Details of any current orders in force, e.g Probation Order, Registered Sex offender, Notification Order, Sex Offenders Prevention Order, Risk of sexual harm order, License, Foreign Travel Order, Bail conditions
- What information is known about the families the PPRC has been involved with ?
- Numbers, ages , gender and characteristics of victims and their relationship to the PPRC

- Evidence of planning and/or involvement with other PPRC
- Offences against adults
- Has the PPRC shared concerning information/images with other PPRC, shared photographs, made videos via the internet and other social media?
- If there are concerns that the PPRC has been involved in non-contact offence/s, for example accessing images on the internet, have the risks been increased by their use of more than one computer or tablet device, how open or dishonest were they in regards to this?

Personal responsibility for the behaviour of concern:

- Does the PPRC blame the victim, partner, external factors, personal history, substance misuse etc.
- What degree of personal responsibility is shown?
- Can the PPRC see things from the victim's point of view?

Attitude to Victims:

- What is the PPRC view of the victims?
- What is the PPRC opinion about what it was about that child/those children that led to the offences?

Openness:

- Does the PPRC engage and co-operate with the assessment and volunteer information?
- Does the information given check out against police /probation information?
- What information has the PPRC provided to the child's parent/carer and is it accurate?

Therapeutic Input:

- Has the PPRC taken part in any treatment programme since the offences?
- Give details of this and levels of compliance/co-operation/involvement
- If not would PPRC be willing to participate?

- Have any risk assessments already been completed in respect of the PPRC? If so, what were the details / recommendations of these? How relevant do you feel the recommendations of these assessments are in relation to this risk assessment?

Section 3: Family and environmental factors of the PPRC

Factors that may impact on the PPRC's behaviour:

(Please refer to the Assessment Framework)

- Mental illness / learning disability
- Physical disability
- Poor experience of being parented, childhood abuse, living outside the family unit or care history

- History of violence
- Past or current involvement in drug misuse
- Past or current alcohol abuse

Family history, relationships and well-being:

- PPRC's description of family history, past and current relationships with extended family
- Experience at school, including relationships, attainment, value of education.
- Historical involvement in criminal behaviour / anti social behaviour.
- Historical and current employment status.

- Impact of any problems experienced by other family members, e g. illness, bereavement or loss.
- What friends and social contacts do they have?
- How does the PPRC describe themselves? What is their self-image and self-esteem?
- How stable is their lifestyle?
- What hobbies and pastimes do they have?

Section 4: The Child/ren and Their Family

- Name and age of the child the PPRC intends to have / has contact with
- Are they known to Children's Services?
- Details of who they live with and their wider family network
- The PPRC's status / relationship to the child.
- Any welfare or developmental issues in respect of the child vulnerability /capacity to protect themselves.
- The level of involvement by the PPRC with the child – past and current, frequency, if contact has occurred/is occurring where is it taking place, who else is present, purpose of contact, etc. What level of care giving is undertaken by the PPRC?
- The wishes and feelings of the child in relation to contact with this person
- Include a view about whether you think the child's views are freely given or whether they may be under pressure, e g. from Parent wanting a relationship with the PPRC.

Information about the main carer of the child:

- Name, date of birth.
- Are they known to GYPS? If so, why?
- What is your assessment of their parenting capacity to protect from harm?

(Please refer to the dimensions of the Core Assessment framework)

- Are there any factors which impact on the parents' / carers' capacity to protect

from harm, e.g physical / mental illness, disability, poor experience of being parented, care history, childhood abuse, history of violence, alcohol, substance misuse

(Please refer to the dimensions of the Core Assessment Framework)

- Relationship to the PPRC, length of contact.
- Attitude to PPRC's previous offence history.
- Consideration and practical arrangements for safeguarding the child
- Social support network of the main carer.
- Social support network of the child within the family.
- Social support network of the child outside of the family, including professional contacts

Consider use of safety planning and FGC

Section 5: Support and monitoring systems

- Describe the proposed supervision and monitoring arrangements if contact is assessed as being in the child's best interests

Section 6: Analysis

- Assess potentiating factors inclusive of indicative behaviours, attitudes of PPRC, child and carer
- Vulnerability/Resilience factors of child, carer and PPRC
- Proactive/ protective factors

Section 7: Declarations and signatures

- **Name of Social worker completing assessment**
- **Signed and dated**
- **Assistant Team Manager comments and recommendations**
- **Signed and dated**

Section 8: Decision of Team Manager

- **Decision**
- **Comments**
- **Any further information required**
- **Monitoring and Reviewing arrangements**

Guidance C - Domestic violence assessment for safe contact

Domestic Abuse risk assessment toolkit based on “CAADA-DASH” Risk Identification Checklist (RIC) – www.caada.org.uk

Section 1a – RIC to use with perpetrators

Please enter in any relevant information you have gathered from the perpetrator from his assessment, group work, individual sessions or in other ways. You should let him know that you are monitoring the level of risk you think he poses to his victim and others	Yes	No	Source Of info
1. Did the current or most recent incident result in an injury to your partner/ex?			
2. Do you think you partner/ex is frightened of you?			
3. Do you think your violence to your partner is getting worse? Do you think you are likely to use violence again?			
4. Have you ever tried to stop your partner/ex from seeing friends/family/doctor/colleagues or made life difficult if she did? Are you doing that at the moment?			
5. Do you think your partner/ex is having depressed or suicidal thoughts at the moment?			
6. Have you and your partner separated from each other or tried to separate in the last year? Has your partner ever tried to separate from you and you haven't wanted this? [are there other women with whom you are in conflict about child contact, for example informal or formal foster carers, ex-partner, mother of children]			
7. Do you have children that you do not live with – if so do you and your ex-partner currently disagree or get into arguments about the child contact? <i>Please note that there are additional questions to help identify other potential or actual victims, which may then prompt the need for another RIC for this pairing of perpetrator-potential victim. See below.</i>			
8. How often do you text, facebook, phone, contact, follow your partner or ex or turn up at their work or friends etc when they weren't expecting you? Do you do these things a lot and is this getting worse?			
9. Is your current or most recent partner pregnant or had a baby within the last 18 months? [Are there other women you have children with and are any of these currently pregnant or have recently had babies – this will alert you to possible widening of range of victims]			
10. Do you think your abuse is getting worse?			
11. Do you think you are being more abusive than you used to be?			
12. Do you try to control what your partner does in some ways? Are you jealous – for example, do you get upset if they talk to another man or when they go out without you?			
13. Have you ever used an object, such as cutlery, a chair, something else, to hurt or threaten your partner? Have you ever used a weapon to hurt anyone? Does this include your partner? Have you ever threatened to hurt your partner with a weapon?			
14. Have you ever threatened to kill your partner or ex, or someone else in your family? If so, do you think you might have made them believe this, at least at this time?			
15. Have you ever put your hands round your partner's throat and hurt them that way? Or held them down in water?			
16. Have you touched your partner sexually in ways that you suspect, or knew made them feel uncomfortable or hurt her or someone else? (If someone else, specify who.)			
17. Have you ever involved someone else in threatening your partner/ex or other family members? E.g. a friend or relative who is on your side. If so, who is this?			
18. Have you ever hurt anyone beside your partner/ex? Someone like an ex-partner, but also any other family member, friend, colleague, someone you know casually. Someone you don't know well, a stranger, children, another family member, someone from previous family relationship, ex-partner's new partner, acquaintance. If so, please say who (<i>make a list if necessary</i>)			
19. Have you ever mistreated the family pet or other animal, such as neighbour's dog or something like that?			
20. Do you currently have money worries or have you recently lost your job or worry about			

losing it? Do you feel under financial pressure? Are you currently in disagreement with your partner/ex over money problems and do these sometimes cause big arguments? <i>[tick yes if he answers yes to any of these- they are all just different ways of asking about risks arising from finance]</i>			
21. Are you using any drugs or have you in the last few years used drugs or alcohol to the point where people tell you it is a problem or you start to worry it is a problem or start spending money you can't afford on drugs or alcohol or pass out from drug or alcohol use? Are you currently depressed or have any other problems with your mental health? Are you taking any medication for depression or other mental illness?			
22. Have you ever thought about or threatened suicide or tried to kill yourself?			
23. Have you ever had a bail order or injunction/order telling you not to contact or hurt your partner/ ex or the children? If so, have you ever ignored that order and done something it said you shouldn't do, like calling on them to give the kids presents or something else like that?			
24. Have you ever been in any trouble with the police? Do you have any criminal convictions? <i>[you can emphasise that you can ask the police to check their records but would prefer it if they were honest with you in the first place.]</i>			
If so what type of criminal activity			

Section 1b - Additional specific questions for perpetrators

Please enter in any relevant information you have gathered from the perpetrator from his assessment, group work, individual sessions etc.	Yes	No	Source
1. Are you/is he in a new relationship since ending the one with the primary victim? <i>If you have answered yes to the above please complete a new RIC specifically for this relationship, ensure that relevant information is collected about additional children where they exist.</i>			
2. Is your/ is his ex-partner in a new relationship and are upset or angry about this?			
3. Have you/ has he threatened your ex-partner's new partner?			
4. Are there other women in your/ his life who have felt threatened by your/his behaviour?			
5. If you have answered yes to the above please assess the risk to this person and their needs for safety, if necessary complete a separate RIC.			
6. Has your/ his partner ever used any force against you/him? <i>If you answered yes to the above please note that if the victim is using violence to protect themselves this can heighten the risk of serious violence as the abuser will usually increase levels of violence in return. This should be considered when thinking about the overall level of risk.</i>			
7. Do you keep a knife or gun at home or some sort of weapon, even if it is just for show? Do you have any hobbies which allow you contact with weapons? Does your job put you in contact with weapons? Have you ever been trained in combat techniques, such as in TA, martial arts etc?			
<i>If you answered yes to the above</i> <i>On its own, having a hobby like these would not necessarily mean a risk of violence; however, coupled with a history of violence and other indicators of future risk it increases the likelihood that any future violence will be dangerous</i>			

Need for a new RIC If any of these questions reveal the existence of other people the perpetrator may be a risk to, such as carer of his child (foster parent, family member) an ex-partner, particularly if they are the mother of a child of his, a new partner, his ex-partner's new partner, this should prompt you to collect evidence you have about this pairing of perpetrator and potential victim, on a separate RIC. You will usually make proactive contact with any potential or likely victim, as part of the work of the Integrated Support Service for victims/partners/ex-partners. This will provide you with information you can combine with the information from the perpetrator.

Section 2 - Third person version to combine information from all sources

Please enter any relevant information you have gathered from the victim, perpetrator, referring agency, any other relevant agency, police records etc	Yes	No	Don't Know	Source
1. Did the current or most recent incident result in an injury to victim? <i>(is perpetrator denying this?)</i>				
2. Is victim frightened of perpetrator?				
3. Is violence getting worse or more frequent?				
4. Is victim being kept from seeing friends/family/doctor etc?				
5. Is victim suicidal or depressed?				
6. Is separation imminent? Has victim tried to separate before?				
7. Is there disagreement about child contact?				
8. Is perpetrator constantly checking up on victim (stalking)?				
9. Has victim recently had baby or is she pregnant?				
10. Is abuse getting worse or more controlling in effect?				
11. Is abuse more frequent than it used to be?				
12. Is perpetrator very jealous and controlling about victim's contact with men?				
13. Has perpetrator ever used a weapon against the victim or a previous one?				
14. Has perpetrator ever threatened to kill victim or previous partner or someone else in family in ways which made them believe it?				
15. Has perpetrator ever attempted to choke, strangle, suffocate or drown victim or someone else?				
16. Does the perpetrator denigrate their partner (ex-partner) sexually or physically abuse them (or others) sexually or coerce them into sexual behaviour that they are not comfortable with?				
17. Are other people involved in hurting or threatening or policing victim?				
18. Has perpetrator hurt others? Has perpetrator abused past partners?				
19. Has perpetrator ever abused an animal, particularly a family pet?				
20. Is perpetrator in financial crisis or making victim defendant on him for money, or facing unemployment?				
21. Is perpetrator using drugs or alcohol in problematic ways?				
Is perpetrator currently depressed or have any other problems with mental health or taking any medication for depression or other mental illness?				
22. Has perpetrator ever thought about or threatened suicide or tried to kill themselves?				
23. Has perpetrator ever broken bail order or injunction? Are they denying this?				
24. Does perpetrator have a criminal record? Is any of this for domestic violence?				

Section 3 – RIC version to use directly with victim

<p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.</p> <p>Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.</p> <p>It is assumed that your main source of information is the victim. If this is not the case please indicate in the right hand column</p>	Yes	No	Don't know	State source of info if not the victim e.g. police officer
1. Has the current incident resulted in injury? <i>(please state what and whether this is the first injury)</i>				
2. Are you very frightened? Comment:				
3. What are you afraid of? Is it further injury or violence? <i>(please give an indication of what you think (name of abuser(s).....) might do and to whom, including children.)</i> Comment:				
4. Do you feel isolated from family/friends i.e. does (name of abuser(s).....) try to stop you from seeing friends/family/doctor or others? Comment:				
5. Are you feeling depressed or having suicidal thoughts?				
6. Have you separated or tried to separate from (name of abuser(s).....) within the past year?				
7. Is there conflict over child contact?				
8. Does (.....) constantly text, call, contact, follow, stalk or harass you? <i>(Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.)</i>				
9. Are you pregnant or have you recently had a baby (within the last 8 months)?				
10. Is the abuse happening more often?				
11. Is the abuse getting worse?				
12. Does (.....) try to control everything you do and/or are they excessively jealous? <i>(In terms of relationship, who you see, being "policed at home", telling you what to wear for example. Consider "honour"-based violence and specify behaviour.)</i>				
13. Has (.....) ever used weapons or objects to hurt you?				
14. Has (.....) ever threatened to kill you someone else and you believed them? (If yes, tick who.) You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>				
15. Has (.....) ever attempted to strangle/choke/suffocate/drown you?				
16. Does (.....) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? <i>(If someone else, specify who.)</i>				
17. Is there any other person who has threatened you or who you are afraid of? <i>(If yes, please specify whom and why. Consider extended family if HBV.)</i>				

Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.	Yes	No	Don't know	State source of info if not the victim
18. Do you know if (.....) has hurt anyone else? (Please specify whom including the children, siblings, elderly relatives or animals. Consider HBV.) Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>				
19. Has (.....) ever mistreated an animal or the family pet?				
20. Are there any financial issues? For example, are you dependant on (.....) for money/have they recently lost their job/other financial issues?				
21. Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? <i>(If yes please specify which and relevant details if known.)</i> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>				
22. Has (.....) ever threatened or attempted suicide?				
23. Has (.....) ever broken bail/ an injunction and/or formal agreement for when they can see you and/ or the children? <i>(You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.)</i> Bail Conditions <input type="checkbox"/> Non-Molestation/Occupation Order <input type="checkbox"/> Child Contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>				
24. Do you know if (.....) has ever been in trouble with the police or has a criminal history? <i>(If yes, please specify.)</i> DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other <input type="checkbox"/>				
Total "yes" responses				
<p>For consideration by professional: Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural/language barriers, "honour"-based systems and minimisation. Are they willing to engage with your service? Describe:</p> <p>Consider abuser's occupation/interests – could this give them unique access to weapons? Describe:</p>				
What are the victim's greatest priorities to address the safety?				

Section 4: The Child/ren and Their Family (Consider use of safety planning and FGC)

- Name and age of the child the D/V Perpetrator intends to have / has contact with
- Are they known to Children's Services?
- Details of who they live with and their wider family network
- The D/V Perpetrator's status / relationship to the child.
- Any welfare or developmental issues in respect of the child vulnerability /capacity to protect themselves.
- The level of involvement by the D/V Perpetrator with the child – past and current, frequency, if contact has occurred/is occurring where is it taking place, who else is present, purpose of contact, etc. What level of care giving is undertaken by the D/V Perpetrator?
- The wishes and feelings of the child in relation to contact with this person
- Include a view about whether you think the child's views are freely given or whether they may be under pressure, e.g. from parent wanting a relationship with the D/V Perpetrator.

Information about the main carer of the child:

- Name, date of birth.
- Are they known to GYPS? If so, why?
- What is your assessment of their parenting capacity to protect from harm?
(Please refer to the dimensions of the Core Assessment framework)
- Are there any factors which impact on the parents' / carers' capacity to protect from harm, e.g. physical / mental illness, disability, poor experience of being parented, care history, childhood abuse, history of violence, alcohol, Substance misuse.
(Please refer to the dimensions of the Core Assessment Framework)
- Relationship to the D/V Perpetrator, length of contact.
- Attitude to D/V Perpetrator's previous offence history.
- Consideration and practical arrangements for safeguarding the child
- Social support network of the main carer.
- Social support network of the child within the family.
- Social support network of the child outside of the family, including professional contacts

Section 5: Risk Analysis of Information Obtained

- Assess potentiating Factors inclusive of indicative behaviours, attitudes of D/V Perpetrator / Victim, Child and main carer
- Vulnerability/Resilience factors of D/V Perpetrator / Victim, Child and main carer
- Proactive/ protective factors
- Refer to “**Barnardos Multi Agency Domestic Violence Risk Identification Threshold Scales - Maddie Bell, Barnardos, 2007** – see template within contact procedure guidance pack

Section 6: Support and monitoring systems

- Describe the proposed supervision and monitoring arrangements if contact is assessed to be in the child’s best interests

Section 7: Declaration and Signatures

- **Name of Social worker completing assessment**
- **Signed and dated**
- **Assistant Team Manager comments and recommendations**
- **Signed and dated**

Section 8: Decision of Team Manager

- **Decision**
- **Comments**
- **Any further information required**
- **Monitoring and Reviewing arrangements**

Safe Contact Indicator

Derived from:

CONTACT AND DOMESTIC VIOLENCE - THE EXPERTS' COURT REPORT
DR CLAIRE STURGE in consultation with DR DANYA GLASER (2000)

Indicator of safe contact	+	-	Indicator of unsafe contact
Child's wishes & feelings			
Child freely wants contact			Child freely does not want contact
Child has positive memories			Child has negative memories
Pre-separation harm and its impact			
Child has not witnessed violence			Child has witnessed violence
Child is not imitating violent behaviour			Child is imitating violent behaviour
Child is not afraid			Child is afraid
Non abusing parent is not afraid			Non abusing parent is afraid
Prior harm to child is accepted			Prior harm to child is denied
Perpetrator accepts impact on victim			Perpetrator denies impact on victim
Regret is expressed			No expression of regret
Experiences during contact			
No abuse or neglect of child			Abuse or neglect of child
Contact not used to pursue conflict			Contact used to pursue conflict
Non abusing parent is not undermined			Non abusing parent is undermined
Contact is high-quality / reliable			Contact is low quality / unreliable
Safe arrangements are in place			Arrangements are not safe
Clear purpose of contact			
Will maintain a beneficial relationship			No realistic prospect of a beneficial relationship
Will repair a 'broken' relationship			No realistic prospect of repairing a 'broken' relationship
Will contribute to child's identity			No realistic prospect of contributing to child's identity

** Add up the minus's and plus's as a rating **

Analysis of benefits and risks for this child, derived from the above:
