

Referral Form and Risk Assessment for Supervised contact - Public Law

| Upon completing and submitting this referral form to CGC our referral fee is required of £102.00. This should be fully completed.  **Referral fee £102.00**  **\* Additional review: £75.00**  **\* Alcohol testing: £7.00**  **\* Supervised contact: £70 per hour (2 workers £90)**  **\* Supervised contact (Community access): £85 per hour (2 workers £110)**  **\* Supported contact: £27 per hour**  **\* Supported contact (Community access): £35 per hour**  **\* Supervised Video Call (SVC): £32 per 30 minutes**  **\* Transport: £42 per hour**  All information held is done so with strict confidentiality.  We expect concerned parties to adhere to CGC rules of service, a copy of this will be sent upon the setting up of services, it is the referrers responsibility to ensure this is provided to all involved within this referral. | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Referrer: | |  | | | | | | | | |
| Date or Referral: | |  | | | | | | | | |
| Organisation | |  | | | | | | | | |
| LA Address | |  | | | | | | | | |
| Court | |  | | | | | | | | |
| Contact details | | Telephone:    Mobile & Duty | |  | | | | Email: | | |
|  | | Email address for invoices: | | | | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Name of Child(ren) & LA ID Number  (please note if this referral is for 4 or more children to attend, this will require 2 CGC team members at £90 per hour instead of £70 per hour). | | Date of Birth | Gender | | Ethnicity | | 1st Language | | | Other Language |
|  | |  |  | |  | |  | | |  |
|  | |  |  | |  | |  | | |  |
|  | |  |  | |  | |  | | |  |
|  | |  |  | |  | |  | | |  |
|  | |  |  | |  | |  | | |  |
| Child’s current address and contact details: | | | | | | | | | | |
| Contact: Name: | Address: | | | | | | | | | |
| Relationship to child: |  | | Telephone: | | | | | | Email: | |

| Details of people attending (i.e. Parents, Siblings & additional family) . | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  |  |  |  | | |
| Relationship to child: | |  |  |  |  | | |
| Contact details  (Phone & email): | |  |  |  |  | | |
| Address: | |  |  |  |  | | |
| Ethnicity: | |  |  |  |  | | |
| NB: Where allegations of a serious nature have been made (e.g. sexual abuse, challenging behaviour) the Service will not view favourably a referral where the preparation and expectation of supervision appears inappropriate to the stated concerns. | | | | | | | |
| Have there been arranged appointments in the past that either parent has failed to attend?  This can be at court, with a solicitor, statutory agency etc. | | | | | | | |
| Does the Referring Agency have any restrictions for contact? | | | | | | Yes | No |
| Please highlight restrictions: | | | | | | | |
|  | | | | | | | |
| Is CAFCASS / Court advisor involved? | | | | | | Yes | No |
| If Yes, please provide detail: | | | | | | | |
| Name: |  | | | | | | |
| Address: |  | | | | | | |
| Tel / Email |  | | | | | | |
| Is there a Court Order?  If Yes, please attach to document  When is the next court date?  CGC will require this to release the review for the hearing | | | | | | Yes | No |

| Does the order contain any restrictions? | | |  | Yes | No | |
| --- | --- | --- | --- | --- | --- | --- |
| Please highlight restrictions : | | |  | |  | |
|  | | |  | |  | |
| Details of other Professionals involved: | | |  | |  | |
| Name: | | Address: | Contact details telephone & email: | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | Details of other Statutory & Voluntary service involved: | |  | |  |  |
| Name: | Address: | Contact details telephone & email : | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| Background Information / History (Please attach relevant documentation) | |  | |  |

|  | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Has the family used another child contact service in the past? | | | | Yes |  | No |
| If ‘yes’, what is the service’s name? |  | | | |  | |
| When did this take place? |  | For how long? |  | |  | |
| What are the parties’ proposals for contact in the future? | | | | |  | |
|  | | | | |  | |
| Who has Parental Responsibility? | | | | |  | |
| Does anyone have any special needs? (E.g. health, disability etc.) | | | | Yes | No | |
| Please highlight: | | | | |  | |
|  | | | | |  | |
| Is an interpreter required? | | | | Yes | No | |
| Which Language? | | | | |  | |
|  | | | | |  | |
| What exactly has led to this referral? (E.g. are there issues of substance abuse, relationship issues etc.) | | | | |  | |
|  | | | | |  | |
| What type of Contact is requested? | | | | |  | |

|  | Room Hire  Contact Suite  Only | |  | Supervised Contact  On Site | |  | Supervised Prison Visit | | |  | Supervised  Outings | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Supervised Contact at  Home | |  |  | |  |  | | |  |  | | | |
| Are supervised outings permissible? | | | | | | | | | | | | Yes | | No |
| If Yes, should supervised outings be: | | | | | | | | | Immediate Area | | | Specific area | | |
| Are there any restrictions with regards to location? | | | | | | | | | | | | | | |
| Please circle (or make bold) the preferred two hour slot for contact.  Please note all times are subject to CGC’s availability, schedules are sent weekly via email, therefore please ensure we have correct emails for all involved. | | | | | | | | | | | | | | |
| Day: | | Monday | Tuesday | | Wednesday | Thursday | | Friday | | Saturday | | | Sunday | |
| Time: | | 09:00 -  11:00 | 09:00 -  11:00 | | 09:00 -  11:00 | 09:00 -  11:00 | | 09:00 -  11:00 | | 09:00 -  11:00 | | | 09:00 -  11:00 | |
| 10:00 –  12:00 | 10:00 –  12:00 | | 10:00 –  12:00 | 10:00 –  12:00 | | 10:00 –  12:00 | | 10:00 –  12:00 | | | 10:00 – 12:00 | |
| 11:00 –  13:00 | 11:00 –  13:00 | | 11:00 –  13:00 | 11:00 –  13:00 | | 11:00 –  13:00 | | 11:00 –  13:00 | | | 11:00 – 13:00 | |
| 12:00 –  14:00 | 12:00 –  14:00 | | 12:00 –  14:00 | 12:00 –  14:00 | | 12:00 –  14:00 | | 12:00 –  14:00 | | | 12:00 – 14:00 | |
| 13:00 –  15:00 | 13:00 –  15:00 | | 13:00 –  15:00 | 13:00 –  15:00 | | 13:00 –  15:00 | | 13:00 –  15:00 | | | 13:00 – 15:00 | |
| 14:00 –  16:00 | 14:00 –  16:00 | | 14:00 –  16:00 | 14:00 –  16:00 | | 14:00 –  16:00 | | 14:00 –  16:00 | | | 14:00 – 16:00 | |
| 15:00 –  17:00 | 15:00 –  17:00 | | 15:00 –  17:00 | 15:00 –  17:00 | | 15:00 –  17:00 | | 15:00 –  17:00 | | | 15:00 – 17:00 | |
| 16:00 –  18:00 | 16:00 –  18:00 | | 16:00 –  18:00 | 16:00 –  18:00 | | 16:00 –  18:00 | | 16:00 –  18:00 | | | 16:00 –  18:00 | |
| Please tick the preferred frequency of contact session:  Required duration for each session: | | | | | | | | | | | | |  | |
| Weekly | | | Fortnightly | | | Monthly | | | | Specific Date: | | |  | |
| Date contact to be concluded: | | | | | |  | | | | | | |  | |
| Is transport for collection & drop off required? | | | | | | | | | | | | Yes |  | No |
| If Yes, please provide address and times details: | | | | | | | | | | | | |  | |
| Are all attendants required to have reminder telephone calls made on the day of Contact Session? | | | | | | | | | | | | Yes | | No |

| For supervised contact, are session recordings to be sent: | Individually per session | On conclusion of contact |
| --- | --- | --- |
| Please provide email addresses to send recordings to: | | |
|  | | |
| For supervised contact; is there anything that specifically needs observing / assessing? e.g. Parents appearance, attitude. | | |
|  | | |
| Does anyone attending have convictions or is there information the centre should know about? E.g. mental health issues, physical disability issues, sensory issues etc.; please present details. | | |
|  | | |

| Name: | |  | | |  | |  | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Violence to: | | Frequency | | | Severity | | Risk Rating | | |
| Staff | |  | | |  | |  | | |
| Family Members | |  | | |  | |  | | |
| Self | |  | | |  | |  | | |
| Others | |  | | |  | |  | | |
|  | | Freq | Sev | Risk |  | | Freq | Sev | Risk |
| Alcohol abuse | |  |  |  | Drug/solvent abuse | |  |  |  |
| Vandalism | |  |  |  | Violence/assault | |  |  |  |
| Threatening behaviour | |  |  |  | Sexual abuse on young persons | |  |  |  |
| Fire raising | |  |  |  | Dangerous pets | |  |  |  |
| Name: | |  | | |  | |  | | |
| Violence to: | | Frequency | | | Severity | | Risk Rating | | |
| Staff | |  | | |  | |  | | |
| Family Members | |  | | |  | |  | | |
| Self | |  | | |  | |  | | |
| Others | |  | | |  | |  | | |
|  | | Freq | Sev | Risk |  | | Freq | Sev | Risk |
| Alcohol abuse | |  |  |  | Drug/solvent abuse | |  |  |  |
| Vandalism | |  |  |  | Violence/assault | |  |  |  |
| Threatening behaviour | |  |  |  | Sexual abuse on young persons | |  |  |  |
| Fire raising | |  |  |  | Dangerous pets | |  |  |  |
| Guide to completing risk assessment | | | | |  | | | | |
| Frequency | | | | | Severity | | | | |
| 1 | Never | | | | 1 | Verbal | | | |
| 2 | Rarely | | | | 2 | Threats | | | |
| 3 | Infrequently | | | | 3 | Aggressive stance | | | |
| 4 | Frequently | | | | 4 | Assault | | | |
| 5 | Persistently | | | | 5 | Assault with weapon | | | |

| Risk Rating: | 1 | 5 | 10 |
| --- | --- | --- | --- |
|  | Low Risk | Significant Risk | Serious Risk |

# PUBLIC LAW REFERRAL FORM

| Risk Factors – Extra Notes | |
| --- | --- |
|  | |
| Control Measures | |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| This referral form should be sent back at the earliest convenience to CGC duty manager at [contact@chancesgiveschoices.com](mailto:contact@chancesgiveschoices.com) | |