

CLAIRE FIELD CONSULTANCY LTD

Claire@clairefieldconsultancy.com

01562 700447

Request for Supervised Contact

Date:	Referrer:		Team:	
	Tel No:		Fax:	
Names	DoB	Current Address & Tel No	Ethnic Origin	Who Has PR?
Children			M / F M / F M / F M / F	
Parents				Interpreter Required? YES / NO
Supervised Contact is requested between: (please indicate if specific/separate sessions are needed for different family members) Also please state who can/cannot come to contacts				
Illnesses/disabilities/essential medication of anyone involved in the contact sessions. We particularly need to be aware of epilepsy, diabetes, hepatitis, HIV.				
Outline of reasons and / or the history for need to supervise contact. Include details of legal status and if any solicitors involvement.				
Outline any court proceedings and any court orders, please supply solicitors details.				
Contact requested: specify preferred days, time, location/address of children immediately prior to contact (e.g. school/Foster Carer's), and location for contact. Please specify amount of flexibility around the times and any times contact cannot take place.				

Family's view of supervised contact (e.g. accepting, hostile)

How many of our staff are needed for each session?

Risk Issues: *If risks are deemed to be high, please discuss with us directly.*

1. Are there risks to the child, e.g. abduction, MSbP/fabricated induced illness, covert messages? Please specify.

2. Are there risks to staff, e.g. violence, threats, verbal aggression, infectious disease, use by client of hypodermic needles. Please specify.

3. Alcohol/drug/substance misuse?

4. Venue, where would you like contact to take place and any issues e.g. are there dark, remote or dangerous areas/buildings?

5. Can the group go "out and about" for contacts? How frequent? Where can/can't they go? Who is responsible for the payments of activities and what is the mileage limit if it is the department paying. Please note our payment terms are strictly 28 days net.

6. Risk of Allegations

Reason for Referral

1. Aims of intervention e.g. monitoring, protection, assessment, parent training etc.

2. Do you want the supervisor to observe only or to be more proactive?

3. Please state the level of supervision / monitoring required

4. Specific points we need to look for/be aware of

5. Level of recording/what we need to observe

Even though this is the main/initial referral form we would find it helpful to also have any/all relevant case conference notes, assessments etc.

It is expected that all Social Workers do 20% of the contacts or 1 x month which ever is the greatest.

Contacts already arranged by you (S.W./F.S.W.) and any other relevant information.