



Cheltenham Child Contact Centre
Referral Form and Risk Assessment for supervised contact
centres / services – Private Law – England

Family Space: Oasis Cheltenham, Cassin Drive, GL51 7SY

- 1.This form needs to be completed in full
- 2.Please see table on page 8 for Ethnic codes

Office use only	
Received by centre / service	
Referral taken by	
Programme / contact agreed	
Interpreter booked	
Pre-visit date	
1 st contact date	
Dates reviewed	
Contact end date	

Referrer

Name:
Address:
Postcode:
Telephone:
Email:
Fax:

Nature of Service(s) Required

Please indicate which of the following you would like the centre to provide	Please tick ✓
Indirect Contact:	
Escorted Contact:	
Supervised Contact (Observed, Recorded and Reported):	
Contact Assessment:	

What are the principle reasons for wanting this contact or service(s)?

1	
2	
3	

Views and expectations of contact or services required

Please indicate what the adults' view and expectations of contact or services required are:
Parent with whom the child resides:
Adult requesting contact:
Where their age and level of understanding allows please indicate what the child(ren's) views and expectations of contact are:

Child(ren)

Name(s)	Age	Date of birth	Male/Female	Ethnicity
Who do the child(ren) live with?				
Who has parental responsibility?				

Adult with whom the child(ren) lives

Name:		Ethnicity:
Relationship to child(ren):		
Address:		
Postcode:		
Telephone:	Mobile:	
Email:		

New Partner

Does the adult with whom the child(ren) live have a new partner?	Yes / No
Name:	

Confidentiality

Can the adult with whom the children live know or be given contact details relating to the adult requesting contact?	Yes / No
Details:	

Adult requesting contact / services

Name:		Ethnicity:
Relationship to child(ren):		
Address:		
Postcode:		
Telephone:	Mobile:	
Email:		

New Partner

Does the adult requesting contact / services have a new partner?	Yes / No
Name:	

Confidentiality

Can the adult requesting contact / services know or be given contact details relating to the adult requesting contact?	Yes / No
Details:	

Solicitors

Is contact with either party's solicitor necessary?	Yes / No
If yes please indicate why?	

Adult with whom the child(ren) live

Solicitors Name:	
Practice:	
Address:	
Postcode:	Email:
Telephone:	Mobile:

Adult Requesting contact / services

Solicitors Name:	
Practice:	
Address:	
Postcode:	Email:
Telephone:	Mobile:

Previous contact

When and where did contact last take place?
Who was involved in this contact?
Why did it breakdown?
Has this family ever used another centre? Yes / No
Name of centre and dates used:
Why did the contact end at this centre?

Proposals for services /contact

Number of sessions required:
Specified in a court order: Yes / No
Agreed by all parties: Yes / No
Frequency of sessions required:
Specified in a court order: Yes / No
Agreed by all parties: Yes / No
Length of sessions requested / required
Specified in a court order: Yes / No
Agreed by all parties: Yes / No
Preferred start date to commence:
Specified in a court order: Yes / No

Agreed by all parties:	Yes / No
Who will bring / collect the children?	
Specified in a court order:	Yes / No
Agreed by all parties:	Yes / No

Are the parents and other adults involved in the contact willing to meet?	Yes / No
Specified in a court order:	Yes / No
Agreed by all parties:	Yes / No
If the parents and other adults involved in the contact are not willing to meet please indicate why?	
Can the child(ren) be taken out of the centre?	Yes / No
If yes, please indicate what has been agreed or ordered by the court:	

Are there any other adults and or child(ren) allowed to participate in contact?	Yes / No
Names of adults:	
Relationship to child(ren):	
Names of child(ren):	
Relationship to child(ren) involved in service / contact:	
Specified in a Court Order:	Yes / No
Agreed by all parties:	Yes / No

Additional information
Are there any other arrangements or agreements relating to the taking of photographs, exchange of gifts for the children? Yes / No

Health and medical requirements

Do any of the children or adults involved in the contact or services have any special needs or requirements relating to illness, impairment, allergies, special needs or other? (please specify)
Children:
Adults:

Language / interpreter requirements

Will an interpreter be required?	Yes / No
Language spoken:	
Who will provide and pay for the interpreter?	

Court Orders

Name(s) of child(ren) or adult(s) to whom the order relates:
Type of order (care, residence, contact, parental responsibility, specific issues, prohibited steps, injunctions or other), please specify:
Court making order:
Date order made:
Date of next court hearing:

Previous Convictions / findings of Fact

Please give full details of any offences or findings of fact involving children, domestic abuse, sexual offences, drugs, arson and firearms
Name of adult to whom conviction relates:
Nature of conviction:
Details of conviction:
Date of conviction:

Local Authority involvement

Does one or more local authority Children's Services Departments know the family?	Yes / No
Name of authority:	
Name of worker:	
Child(ren) involved:	
Nature of involvement:	
Dates of involvement:	

Are any of the children involved in the proposed contact or services currently subject to a Child Protection Register	Yes / No
Child(rens) name(s):	
Category	
Date registered:	
Date of next conference:	

Are any of the children involved in the proposed contact or services currently subject to SEN plans?	Yes / No
Child(rens) name(s):	
Specific behavioural / learning difficulties:	
Date registered:	

What other agencies are the family known to and / or been involved with?
Name of agency:

Name of worker:
Nature of involvement:
Dates of involvement:

Risk Assessment

Please indicate which of the following have affected or are continuing to affect the family you are referring and what is the current level of risk:				
Safeguarding children	Yes / No / Allegation	High	Low	None
Physical Abuse Sexual Abuse				
Emotional Abuse				
Neglect				
Risk of Abduction				
Other potential concerns				
Domestic Abuse				
Conflict Between Parents				
Alcohol Abuse				
Drug / Substance Abuse				
Mental Health Issues				
Cultural Issues				
Religious Issues				
Immigration / Asylum				
Financial Issues				
Medical Condition Adult / Child				
Physical Impairments Adult / Child				
Learning Difficulties Adult / Child				
Parenting Skills:				
Involvement of other family members in the contact				
Risk of Violence Towards Staff				
Risk of Self Harm				
Other (please specify)				

Additional Information

Where you have identified an area of concern please provide information relating to:

- The nature and extent of the concern;
- The families / parties awareness of the concern;
- The families / parties motivation to change;
- The families / parties capacity to change;
- The involvement of any other agencies;
- The impact of the concern upon the child(ren) in relation to any contact or services being provided.

Area of concern 1

Nature and extent of concern:
Families / parties awareness of concern:
Families / parties motivation to change:
Families / parties capacity to change:

Involvement of other agencies:
Impact upon the child(ren) in relation to contact and or services being provided:

Area of concern 2

Nature and extent of concern:
Families / parties awareness of concern:
Families / parties motivation to change:
Families / parties capacity to change:
Involvement of other agencies:
Impact upon the child(ren) in relation to contact and or services being provided:

Area of concern 3

Nature and extent of concern:
Families / parties awareness of concern:
Families / parties motivation to change:
Families / parties capacity to change:
Involvement of other agencies:
Impact upon the child(ren) in relation to contact and or services being provided:

Additional information relating to the referral, proposed contact or services being provided including anything else you want to tell us.

Both parties are aware of and in agreement with the referral.

Name:

Signed:

Date of Referral:

By giving Family Space and the Cheltenham Child Contact Centre this information, you consent to us using your information which will be kept confidential in accordance with our privacy policy and data protection policy. We will use this information to keep a record of who is using our services. We will then use this information to provide you with any service we have agreed with you. We will also use this information to talk with you about any extra help or support you may need or want so we can best help and support you.

Family Space is a registered charity (1116457) in partnership with West Cheltenham Team including St Mark, St Barnabas and At Aiden and St Silas and Hesters Way Baptist Church. Also, in partnership with YMCA. Follow us on Twitter: @FamilySpaceGlos Facebook: Family Space in Hesters Way or www.familyspace.org.uk

Ethnic Codes must be entered

1)Black African	2)African Caribbean	3)Black Mixed Parentage	4) Black British	5) White UK	6) UK Irish
7) Polish	8)Bengali (Bangladeshi)	9) Indian	10)Pakistani	11) Chinese	12)SE Asian (Vietnamese)
13)Arabic	14)Turkish	15)Cypriot	16)Turkish/ Cypriot	17)European	18)Other (inc. other mixed parentage)