



POTTON GROUP

WHERE CHILDREN AND
FAMILIES MATTER

Potton Kare Services Supervised Contact Referral

Please complete all sections of this form

Please provide details of all children/young people being referred

Local Authority ID Number	Forename	Surname	DOB	Gender/Identifies as (pronoun)	Ethnicity	Religion	Language

Home Address Including Postcode

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Parents/carers Details

Relationship	Name	Contact Number	Gender/Identifies as (pronoun)	Ethnicity	Language

If Looked After or residing at a temporary placement

Placement/Temporary Address Including Postcode

Is this address confidential? Yes/No

Foster/temporary Carer Details

Relationship	Name	Contact Number	Language

Communication: Any Special Communication Needs?		
Any Special Communication Needs?	Y/N	If yes please provide details:

Registered/Statutory Status			
	Y/N	Date/s	Please give details of name of child/young person, dates, category (if known)
Any child in the family currently on a Child in Need Plan?			
Any child in family is or has been on a Child Protection Plan?			
Any child or other family member is/has been looked after by a local authority?			
Any child in the family has a disability?			
Any current criminal proceedings?			

Referral Details				
Name of Referrer	Role of Referrer	Contact Number	Email	Name of Authorising Manager

History of Case and Current Situation/Reason for Supervised Contact being Required

Supervised Contact Details				
** Please note that anyone not on the list below will not be permitted to join in the contact session.				
Name of Person Attending Contact	Relationship to Child	Start and Finish Time	Day/s of Contact	Contact Number
Frequency of contact (please specify, weekly, monthly, one off etc)				

Contact Location		
	Y/N	Please give details
Does contact take place in a contact centre? Please provide address for contact location.		
Can contact take place in the community or move into the community (for example, walking from the centre to a park)		
Is there a proposed meeting place? Please provide address.		
Are there any areas/locations to be avoided during contact?		
Is transportation (of the child) required either to or from contact or both?		

Authorisations and Restrictions in Contact		
	Y/N	Please give details
Can photographs be taken during contact? Can video recordings be made during contact? Can gifts or money be exchanged during the sessions? Can the child have communication with any other parties during contact (for example, speaking to a Grandparent on the phone)?		

Please indicate the level of supervision required		
Level	Y/N	Example
High		Very close observation, with little or no room for unrecorded physical touch or conversation
Medium		Close observation that will be less intrusive, although with some opportunity for conversation or physical touch to go unrecorded or unnoticed
Low		Minimal supervision, often at a distance, requiring a high degree of cooperation from the adults for contact to remain safe.
Other		Please describe what you require

Risk Assessment - Child			
	Y/N	If YES, please provide details e.g. whether this is current or historical	If YES, how would you like this to be managed by the contact supervisor?
Has the young person/child(ren) displayed any sexualised/challenging behaviour?			
Has the young person/child(ren) shown aggression towards other children or to adults? Does the young person/child(ren) have any medical or related condition which may require intervention during contact? Does the young person/child(ren) have any known allergies that may require intervention, or avoidance measures to be taken? Are there any other risks that may be posed by the young person/child(ren) that the contact supervisor need to be aware of?			

Risk Assessment – Adult/s			
	Y/N	If YES, please provide details e.g. whether this is current or historical	If YES, how would you like this to be managed by the contact supervisor?
Does any adult attending contact have a medical condition which may require assistance during contact?			
Do the adult(s) attending require any special assistance to participate in contact? E.g. mobility issues.			
Does any adult attending contact have issues of alcohol, solvent, or other substance misuse?			
Does any adult pose a risk of child abduction?			
Has any adult attending contact ever displayed sexualised behaviour towards children or adults?			
Has any adult attending contact ever displayed physical abuse or emotional abuse to children?			
Has any adult attending contact ever displayed physical threats or violence towards a professional?			
Has any adult attending contact ever displayed verbal or racist abuse towards a professional?			
Is any adult attending contact engaging in, or have a history of, criminal activity?			
Are there any other risks that may be posed by the adult attending contact that the contact supervisor need to be aware of?			

Please provide details of where invoices for this service should be sent (Please note, referral will not be accepted if this section is not completed)	
Name	
Role	
Department	
Email	
Telephone number	

Authorisation	
Signed (referrer)	
Date	
Signed (Authorizing Manager)	
Date	