

## Risk Assessment and Management

We will use the following risk assessment information to devise the Contact Agreement, please give us as much details as possible. The services we are able offer could be affected by the failure to disclose all relevant information and may put family and staff at risk.

A Contact Agreement must be agreed to and signed by all adults attending for contact. A Contact Agreement sets out the conditions of contact and makes it clear that contact will be terminated if the conditions are not adhered to.

Please complete the following form; in order for us to access and manage and potential risk.

**Risk Scale;**

**None** No known risk

**Low** Some risk, either not recent or manageable

**High** Recent or frequent behaviour(s) that have put staff and/or child/ren at risk.

Type of Risk			Risk To		Risk To	
			Children		Adults	
<b>Verbal abuse/intimidation?</b> If yes; by whom? Please give details?	Yes	No				
			None	<input type="checkbox"/>	None	<input type="checkbox"/>
			Low	<input type="checkbox"/>	Low	<input type="checkbox"/>
			High	<input type="checkbox"/>	High	<input type="checkbox"/>
<b>Physical abuse/intimidation?</b> If yes; by whom? Please give details?	Yes	No				
			None	<input type="checkbox"/>	None	<input type="checkbox"/>
			Low	<input type="checkbox"/>	Low	<input type="checkbox"/>
			High	<input type="checkbox"/>	High	<input type="checkbox"/>
<b>Violence?</b> If yes; by whom? Please give details?	Yes	No				
			None	<input type="checkbox"/>	None	<input type="checkbox"/>
			Low	<input type="checkbox"/>	Low	<input type="checkbox"/>
			High	<input type="checkbox"/>	High	<input type="checkbox"/>
<b>Substance Misuse?</b> If yes; by whom? Please give details?	Yes	No				
			None	<input type="checkbox"/>	None	<input type="checkbox"/>
			Low	<input type="checkbox"/>	Low	<input type="checkbox"/>
			High	<input type="checkbox"/>	High	<input type="checkbox"/>
<b>Abduction/Being followed?</b> If yes; please give details?	Yes	No				
			None	<input type="checkbox"/>	None	<input type="checkbox"/>
			Low	<input type="checkbox"/>	Low	<input type="checkbox"/>
			High	<input type="checkbox"/>	High	<input type="checkbox"/>
<b>Have there been any threats to staff members or other local authority workers?</b> If yes; by whom? Please give details?	Yes	No				
			None	<input type="checkbox"/>	None	<input type="checkbox"/>
			Low	<input type="checkbox"/>	Low	<input type="checkbox"/>
			High	<input type="checkbox"/>	High	<input type="checkbox"/>

Completed by: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Type of Risk – Con't....			Risk To Children		Risk To Adults	
	Yes	No				
<b>Have there been any threats to other Agencies - Education, Housing, Health, etc?</b> If yes; by whom? Please give details?	Yes	No	None	<input type="checkbox"/>	None	<input type="checkbox"/>
			Low	<input type="checkbox"/>	Low	<input type="checkbox"/>
			High	<input type="checkbox"/>	High	<input type="checkbox"/>
<b>Is there any history of Domestic Violence?</b> If yes; by whom? Please give details?	Yes	No	None	<input type="checkbox"/>	None	<input type="checkbox"/>
			Low	<input type="checkbox"/>	Low	<input type="checkbox"/>
			High	<input type="checkbox"/>	High	<input type="checkbox"/>
<b>Do any persons involved have and convictions of violence?</b> If yes; by whom? Please give details?	Yes	No	None	<input type="checkbox"/>	None	<input type="checkbox"/>
			Low	<input type="checkbox"/>	Low	<input type="checkbox"/>
			High	<input type="checkbox"/>	High	<input type="checkbox"/>
<b>Is there a history of excessive alcohol or drug use?</b> If yes; by whom? Please give details?	Yes	No	None	<input type="checkbox"/>	None	<input type="checkbox"/>
			Low	<input type="checkbox"/>	Low	<input type="checkbox"/>
			High	<input type="checkbox"/>	High	<input type="checkbox"/>
<b>Is there any history of verbal abuse?</b> If yes; by whom? Please give details?	Yes	No	None	<input type="checkbox"/>	None	<input type="checkbox"/>
			Low	<input type="checkbox"/>	Low	<input type="checkbox"/>
			High	<input type="checkbox"/>	High	<input type="checkbox"/>
<b>Are two Workers required for contact sessions?</b> <b>Risk level to Supervisor?</b> If yes; please give details?	Yes	No	None	<input type="checkbox"/>	None	<input type="checkbox"/>
			Low	<input type="checkbox"/>	Low	<input type="checkbox"/>
			High	<input type="checkbox"/>	High	<input type="checkbox"/>
<b>Is the family aware and accepting of the current (Social Workers) plan?</b> If yes; please give details?	Yes	No	None	<input type="checkbox"/>	None	<input type="checkbox"/>
			Low	<input type="checkbox"/>	Low	<input type="checkbox"/>
			High	<input type="checkbox"/>	High	<input type="checkbox"/>
<b>Has the child/ren been witness to or victims of violence?</b> If yes; by whom? Please give details?	Yes	No	None	<input type="checkbox"/>	None	<input type="checkbox"/>
			Low	<input type="checkbox"/>	Low	<input type="checkbox"/>
			High	<input type="checkbox"/>	High	<input type="checkbox"/>
<b>Are there any health issues of child/ren or parents that may cause a risk?</b> If yes; please give details?	Yes	No	None	<input type="checkbox"/>	None	<input type="checkbox"/>
			Low	<input type="checkbox"/>	Low	<input type="checkbox"/>
			High	<input type="checkbox"/>	High	<input type="checkbox"/>

Completed by: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

## Conditions during Supervised Contact

(Please tick the relevant box and specify any details)

1. Are family members able to leave the contact centre with the child?
  - No
  - Yes – Within walking distance to visit café, park, shops etc.
  - Yes – Can go in car, can engage in other activities e.g. leisure activities, restaurants etc.  
Please specify any restrictions:
  
2. Can the child/ren receive presents during contact?
  - No
  - Yes – please specify any restrictions:
  
3. Can child/ren speak on the phone?
  - No
  - Yes – No restrictions.
  - Yes – To specify people. Please list:
  
4. Are child/ren allowed sweets/snacks during contact?
  - No
  - Yes, please specify.
  
5. Are adults permitted to pass written information and gifts to the child/ren?
  - No
  - Yes, please specify.
  
6. Are the adults involved in contact permitted to take child/ren to the toilet?
  - No – Contact Supervisor should take child/ren as appropriate.
  - No – Child/ren should go alone.
  - Yes
  
7. Are parents permitted to use mobile phone during contact?
  - No
  - Yes
  
8. Are photographs, video-filming, recordings or use of portable computers permitted during contact?
  - No
  - Yes, please specify.
  
9. Is there any subject that may not be discussed during contact?
  - No
  - Yes, please specify.
  
10. Are there any medical issues or needs we should be aware of?
  - No
  - Yes, please specify.

Completed by: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

11. Can contact take place at a different venue under supervision?

- No
- Yes, please specify.

12. Is there information that may not be passed to the parents/family?

- No
- Yes, please specify.

13. Are there any circumstances where you would expect contact to be terminated early?

- No
- Yes, please specify.

Any Additional Information;

**To the best of my knowledge, this form has been completed accurately;**

**Referrer's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Please send completed forms to:**

The Centre Co-ordinator  
Westwood House Child Contact Centre  
5 Westwood Road, Seven Kings  
Ilford, Essex, IG3 8SB

**For Office Use Only:**

<b>Office Ref</b>	
<b>Form Received By</b>	
<b>Date Received</b>	
<b>Scale of Risk</b>	High / Medium / Low
<b>Managers Name</b>	
<b>Managers Signature</b>	