



Walsall Council

Walsall children..... Safe, Happy, Learning Well...

Family Contact Procedures

This set of Family Contact Procedures is consistent with the Council's statutory duties under the Children Act 1989 and the Adoption and Children Act 2002 to promote contact in relation to looked after children and children in need. The aim is to provide a more structured basis for the supervision of contact and will enable the Council to discharge its duties towards these children in a more consistent and effective manner. However, as with all in house procedures it cannot be imposed in such a rigid manner as to fetter the Council's discretion in individual cases or override any requirements imposed by the Courts.

VERSION 1.0

Last Updated: 17th April 2016

Review Date: TBC

AUTHOR:

Lisa Harris

PRINCIPAL SOCIAL WORKER

1. Context

- 1.1 The Local Authority has a duty to promote contact, under section 34 of the Children Act 1989. Section 34 places a duty on Local Authorities to allow the child in its care, reasonable contact with parents and 'other persons' prescribed within s34 (1) of the act.
- 1.2 This duty exists in the absence of any orders for contact. If no agreement is reached on what level of contact should be afforded the child and its parents (or others) the Act provides for the court to make orders by its own motion when making a care order for the child.
- 1.3 However, children have the right to be protected from harmful contact. For children subject to an Interim Care Order or a Full Care Order, the Local Authority can only suspend contact for a limited period (up to a maximum of 7 days).
- 1.4 The Local Authority's duties and responsibilities are set out in The Children Act 1989: Guidance and Regulations Volume 2: Care Planning, Placement and Case Review.
- 1.5 In addition Regulation 14 of the Fostering Services Regulations places a duty on fostering services to promote contact between a child placed with a foster parent and his/her parents, relatives and friends unless such contact is not reasonably practicable or consistent with the child's welfare.
- 1.6 As with all of our work the welfare of the child when making contact arrangements must be the paramount consideration.
- 1.7 There is a legal presumption (under Section 34 Children Act 1989) of reasonable contact between children in care and their families.
- 1.8 Even though there is a duty to promote contact, children have a right to be protected from harmful contact.
- 1.9 The Local Authority has the power to decide what amounts to 'reasonable contact'.
- 1.10 Evidence from research and practice strongly indicates that for most children who are separated from their parents, siblings, or other close relatives, it is in their best interests to have some contact with their family. This continues to be the case throughout a child's time in care other than for the cases where the Local Authority is granted authority to Place for Adoption. At this point the legal position changes and there is no presumption either for or against contact and an assessment of the child's continuing need for contact must be undertaken

2. Principles Underpinning contact

- 2.1 Walsall Council recognises that contact most often arises out of separation and loss is often linked to conflict and requires skilled and sensitive intervention.
- 2.2 Contact is an integral part of care planning and must be considered at every stage of the process. Therefore the purpose of contact is to:
- To help maintain the relationships which are important to the child, young person, parents/ family
 - To ease the feelings of loss for child/young person and parent(s).
 - To ensure that the child/children, parents and other participants are safe when they meet together for contact and that the child's developmental needs are being met during contact time.
 - To assess if it is possible for children to return to parent or family care
 - To help develop parenting skills (if able) through assessment and support
 - To help us when making long-term decisions about child/children.
 - If a child/children is in long-term care the contact can help them understand what has happened and keep links to their past.
- 2.3 Contact should be compatible with the child's needs taking into account their age, ethnicity, culture, religion and disability.
- 2.4 Contact must always be planned and the emphasis should be on the qualitative nature of the contact as opposed to the quantity and duration.
- 2.5 Children, young people and their family's wishes and feelings should be considered when planning contact.

3. WALSALL COUNCIL'S STATEMENT REGARDING SUPERVISED CONTACT FOR LOOKED AFTER CHILDREN.

- 3.1 We will, in accordance with the requirements of the Children Act 1989 and the Adoption and Children Act 2002, promote contact between children 'looked after', their families of origin and others who have played an important part in their lives.
- 3.2 Contact arrangements will be made in order to protect the child's best interests and emotional well-being.

- 3.3 Contact arrangements must not undermine the child's need to achieve emotional security in their current placement.
- 3.4 We will ensure all children in our care have a plan for contact, enabling them to have reasonable contact with family and other significant people in accordance with their assessed needs and best interests. Particular attention will be given to arrangements whereby a child may lose contact with specific aspects of their cultural heritage.
- 3.5 When contact falls on a Bank Holiday, contact will not take place and will not be compensated, therefore we will endeavour to ensure contacts are organised to minimise this risk.
- 3.6 The Care and Placement Plan will state the purpose of contact and will inform the specific arrangements about the nature and frequency of contact and will be expressed in a written contact plan signed and agreed by all relevant parties
- 3.7 We will ensure that the contact arrangements do not impede a child's right to enjoy mainstream childhood activities.
- 3.8 We will ensure that where it is necessary to safeguard or promote a child's welfare, contact will be appropriately supervised. Such decision and arrangements will be informed by assessment and analysis of risk to the child as detailed in care, placement and contact plans and in risk assessment of safe contact.
- 3.9 We will ensure that where contact visits are to be observed and recorded as part of an assessment, or where they are used to directly influence parenting or family functioning, the adults (and the children, where appropriate) will be informed and this activity will be reflected in the contact plan.
- 3.10 We will ensure that contact plans and arrangements will be discussed and monitored at each statutory Child Care Review. Particular attention will be given to the plan for contact whenever the Care Plan is significantly changed or there is a sudden change of circumstances.
- 3.11 We will ensure that the parents' ability to attend contact is considered as much as we are able to and their views and considerations are taken into account when planning contact. It will be made clear to parents in writing when contact is to take place along, with the arrangements, inclusive of the relevant complaint/compliment procedures.
- 3.12 We will ensure that contact will only be refused in exceptional circumstances for the shortest period of time not exceeding 7 days or until the views of Court are sought and this is only if we are satisfied that it is necessary to do so to safeguard or promote the child's welfare.
- 3.13 We hold that parental failure to attend contact or to be inconsistent in attendance without good reason is harmful to the child's/children welfare.
- 3.14 Medical explanations provided by parents for non-attendance, must be

supported by evidence from the relevant physician or health professional. It is recognised that parents may have ongoing health needs and that this may impact on attendance for contact however that will be addressed in the initial planning phase to plan for suitable contact.

- 3.15 It is not in the best interest of the child/children to travel to contact and wait for their parents/carers attendance. If the parents/carers have not attended '3' contact sessions without reasonable explanation then contact will be suspended until further discussions take place.
- 3.16 If the child is subject to interim/ care orders, suspension will be brought to the courts attention as a matter of course and the necessary legal notifications will be given if there is a need to seek permission to refuse contact beyond 7 days.
- 3.17 We will ensure that when parents or family members need help or access to resources in order to maintain contact with their child or children, we will assess how and what level of assistance can be provided.
- 3.18 Social workers should observe complete contact sessions and this will be a minimum of once per calendar month for the first three months upon the child/children becoming looked after. This will be expected when the child is the subject to legal proceedings as the court will expect Social Workers to report to the court with this first-hand information. Social workers should have a thorough understanding and oversight of how contact between child/ children and their parents / carers is progressing. Social Workers for children in longer term care arrangements should observe contact as part of the child/children's care plan.
- 3.19 We will make every effort to maintain some links for a child with his/her family of origin when contact visits are not appropriate. This may include exchange of letters or information through a third party

4. SUPERVISED CONTACT

- 4.1 Where there are concerns that a child may be at risk during the contact session it will be supervised. **Coram Family's definition of supervised contact from 'A Guide to Best Practice in Supervised Child Contact states that:**

'Supervised contact aims to ensure safety from physical harm and emotional abuse and requires a high level of constant supervision from supervisors experienced and confident enough to intervene immediately and firmly if anything of concern arises. If safe contact is achieved supervision becomes therapeutic in the widest sense. The contact is managed so that the child is supported in resolving issues with the parent whom he or she needs to understand; or to provide opportunities for a parent to apologise or in other ways make amends; or to affect a planned and humane ending to contact. In supervised contact, the supervisor plays a role in guiding the parents to improve the quality of interactions and parenting; this may include 'mediating' to

improve the quality of interactions between a child's parents or between parents and substitute carers.'

4.2 Therefore supervision is in the context of contact arrangements: the observation, monitoring and, if necessary, intervention, in face to face contact (inclusive of monitored telephone calls or social media contact) between a child and their birth relative should be for the following reasons:

- **Safety** - This may be where there are concerns about a child's safety due to child protection issues.
- **Assessment / Reunification** - for example, to consider parenting capacity, strength of attachment or viability of a looked after child returning home.
- **Identity** - the need for the Local Authority to promote contact for looked after children, primarily in long term placements to help them understand their origins and support a positive sense of self as part of the looked after child's journey.

4.3 Supervision may take the form of either observation or more active participation of the supervisor and could involve the use of video equipment.

Level of supervision

4.4 This should clearly be stated and agreed in the contact plan in order to ensure the safety of the child, the contact supervisors and others including carers/other family members.

4.5 In all levels of supervision a formal risk assessment will need to be completed by the child's Social Worker. The differing levels of supervised contact are:

- **Low Risk - Minimal Oversight.** This could involve partly supervising a contact, or supervising handovers between parents.
- **High risk Level 1 - Close Supervision.** Inclusive of monitoring and recording of interactions – this to include whether supervision of toileting and food preparation is required. This type of supervision can be part of plan for reunification or assessment or to manage risk to child and parent. Sessions of close supervision to have one supervisor present at all times. May include video recording as part of assessment or intervention work.
- **High risk level 2 - Close Supervision plus.** Includes the above plus, using more than one supervisor and may include use of video monitoring due to assessed risks to child, staff or parent.

Contact Supervisors

- 4.6 Those that supervise contact should be fully briefed on the circumstances of individual cases and know what the issues are and level of supervision required. As a matter of basic safeguarding, supervisors are professionally and personally responsible for ensuring that they have this information prior to contact and if they do not have this information this should be escalated via their manager within their organisation to ensure that they do so before commencement of contact.
- 4.7 As far as possible, the same small group of contact supervisors should be used in supervising contacts for a particular child. This reduces the need for briefing different supervisors as well as ensuring less disruption for the child, birth parent/relative and child's current carer's.

5. RISK ASSESSMENTS

- 5.1 Before the commencement of supervised contact the Social Worker must undertake a written clear analysis of the risk inherent in contact for all involved (See risk assessment within 'Supervised Contact Referral Form')
- 5.2 These will include:
- Risk of physical and/or emotional harm to the child
 - Risk of abduction
 - Safety issues
 - Specific risk to include domestic violence, substance misuse
 - Specific risk of sexual abuse / offending including a recognition of arousal and triggers
 - Risk to other service users, staff and supervisors –inclusive of mental illness or learning and behavioural difficulties, physical health or medical issues

The severity and likelihood of each risk can be differentiated:

- Risks that are so grave that contact should not be allowed;
- Risks that indicate a high level of supervision and control;
- Lower levels of risks which all involved should be aware of but are not likely to affect the supervision

The following paragraphs constitute specific guidance in relation to management of risk in particular circumstances.

Substance Misuse

- 5.3 Substance misuse in and of itself does not mean a parent cannot provide good enough care to their child/children. The risk assessment should inform the supervisor of the risk to the children, employees and other service users when an adult appears to be adversely affected by substance misuse. The supervisor has the right to cancel the contact if the person attending contact presents as being under the influence. Should this be the case they will be asked to leave the premises.
- 5.4 All parties should be informed in writing of this occurrence by the child's Social Worker and the matter brought to the court, the Children's Guardian (if in proceedings) and IRO's attention.
- 5.5 It is the procedure of the department that illegal substances or other means of misusing substances are not allowed on any premises where contact is directly provided or commissioned on behalf of the Local Authority and if this happens users will be asked to leave the premises.

Domestic Abuse

- 5.6 In addition to the general risk assessment form completed within the referral, Social Workers will be required to provide a freestanding DV risk assessment as described in the 'Toolkit for assessments related to contact': Assessment Tool kit 3.
- 5.7 Involvement in cases of domestic violence and issues of contact fall within the following areas:
 - Child protection-when children have suffered or are likely to suffer significant harm due to parental relationships
 - When parents remain together or are likely to re-unite and children have been removed for their own safety pending assessment and intervention ;
 - When the non-abusing parent cannot safely protect from the parent posing a risk.
- 5.8 In cases of domestic violence there is a presumption of no contact if the person seeking contact is a domestic violence perpetrator (DVP) whose risk is either un- assessed or who has been assessed as a high /medium risk in the past and has not undergone a treatment programme or has failed such a programme.
- 5.9 An assessment of the child's wellbeing and the risks from a perpetrator should always be undertaken before a decision to offer contact is made.

- 5.10 In assessing the suitability of a DVP having direct contact, Social workers should follow the guidance as set out in the expert report Sturge and Glaser (2000) balance sheet included in Tool Kit 3.

Sexual abuse

- 5.11 Although it is unlikely that in a supervised contact setting a further actual abuse incident would take place we cannot ascertain the emotional impact of contact on the child/children and alleged perpetrator therefore when there has been disclosure or an allegation of sexual abuse, contact between the child/children and the alleged perpetrator should not take place until an assessment of risk and the child/children's wishes are known. Only after thorough assessment and discussion with all parties should contact then be given consideration.
- 5.12 In relation to sexual offenders, the Local Authority must have an understanding in so far as it is able to, of the risk of recidivism of the offender and the triggers for such risks re-occurring. Supervising the interaction between a child and a sexual offender does not automatically make the contact safe. It could in fact increase the risks an offender may pose if their abuse cycle is active and may reinforce the child's fear and anxiety which underlines the grooming process. Again, only after thorough risk assessment (which may mean a full sexual offender risk assessment) and discussion with all parties should contact be a consideration.

PPRC

- 5.13 Any proposal for contact by a person known to pose a risk to children (PPRC), or whose behaviour is considered to pose risk to children but may fall outside of the offence list, must be subject to relevant risk assessment procedures commensurate with the type of offence committed. In addition to the general risk assessment form completed on referral social workers will be required to provide a freestanding PPRC risk assessment as described in the Toolkit for assessments related to contact. Assessment Tool kit 2 referred to in the general risk assessment form)
- 5.14 All risk assessments in the specific cases as listed should be copied to the IRO and The Guardian for the children if the matter is in Family Proceedings.

6. PLANNING AND REVIEWING CONTACT

Planning for Contact

- 6.1 Every effort should be made to secure a contact plan and agreement prior to the commencement of contact when a child becomes looked after. However interim arrangements may need to be made prior to the establishment of a full contact plan. Such a fully completed plan must be in place before contact is delivered through the contact service.

6.2 The formulation of this plan will need to be done in consultation with the child's carers, birth relatives, contact providers and the child. Discussion may also need to take place with the carer's link worker and the child's school, the child/ren's guardian (if relevant) and the IRO. The planning of contact relates to the care planning for a child in care. The contact plan should be recorded as a separate document which can then be integrated into relevant parts of the :

- The Placement Plan;
- The Care Plan;
- Social Work Evidence Template (SWET) document as appropriate.

6.3 A separate document enables the contact plan to then be transported into a signed agreement as to the arrangements for contact (formally the written working agreement).

Contact Plan

6.4 This must be fully completed prior to the contact commencing if at all possible, but certainly by the time new arrangements via the contact service begin. This will build on the interim plans. The plan is to include all those likely to be involved in the contact arrangements and should address the following:

- Why is contact important for this child and family?
- What is the purpose of contact e.g. assessment, maintain links, rehab?
- Who should have contact with whom and why?
- Who should not have contact with whom and why?
- Why is there a need to supervise the contact?
- What level of supervision is required and why?
- What level of recording is required?
- Duration and frequency detailing the relevance of the child's developmental needs in determining the duration and frequency of contact.
- The role of the foster carer and /or residential service in the contact arrangements
- If the child is of school age, contact during term time should only be arranged to take place after school, on weekdays and must take into account the child's normal after school social and emotional development activities.
- If the child is pre - school, contact is likely to take place on weekday mornings but may need to fit in with nursery or pre-school education
- Opportunities for parents to take part in such activities as part of an assessment of parenting should be considered when planning and reviewing contact

- If the child is a baby, the contact plan will also need to take into account the child's need to develop their attachment to their primary carers , taking into account the child's feeding and sleeping routines, distance of travel etc.
- **Financial Arrangements** – These must be set out clearly in the contact plan and take account of the financial means of the parents. Any costs for activities need to be agreed in advance and arrangement made for such funding to be made available to the contact supervisor before the contact session takes place. Parents are encouraged to use low-cost community resources to develop sustainable activities with their children.
- Refreshments for the child/young person during the contact session are the responsibility of the foster care/residential establishment and a nominal amount of pocket money should also be provided, should a community-based activity is being held. If the child/young person's placement is out of borough or at a distance from the parent(s) home, public transport costs should be re-imbursed to the parents, if they are in receipt of benefits or on a low income.

Suspension /Refusal of contact

- 6.5 The plan should also address grounds for Suspension / Refusal of contact.
- 6.6 There is provision in the Children Act 1989 Section 34(6) for contact with a child who is in the care of the Local Authority to be suspended for 7 days, where this action is urgently required to safeguard the child's welfare. Contact can only be refused after the seven days have expired by an order of the court.
- 6.7 No child should be expected to persist unwillingly or unhappily in contact with a parent/carer.
- 6.8 If difficulties are perceived in the quality or nature of the contact, we should aim to do everything reasonably possible to improve the quality before we consider a reduction or suspend contact.
- 6.9 Contact should only be temporarily terminated or suspended if it is in the child/children's best interest to do so, based on an assessment of the child/children's needs and welfare.
- 6.10 **The following grounds will trigger suspension:**
- Parents present as being under the influence of any substances such as drugs or alcohol.
 - Acts of aggression/violence verbal or non-verbal to staff or children. (Supervisor needs to be aware of subtle sexual advances/suggestions that may not be seen as overly aggressive towards the adult).

- Parents turning up persistently late
- Parents not attending on 3 occasions, without reasonable explanation being in breach of the agreed contact plan.
- Other persons who are not authorised to attend and the parent and or associate refuses to comply with a request that the person remain outside of the contact.
- The child is distressed by the visits and refuses to attend or demonstrates significant resistance to attend contact.
- If the adult is not in a suitable physical/mental or emotional state to meet the needs of the child.
- The above is not an exhaustive list; other grounds for suspension based on an assessment of risk may emerge.

6.11 In making such judgments supervisors should seek advice from the relevant social care Manager or in their absence the duty worker. In regards to contacts supervised by in house staff, the Team Manager for the Contact Service can be contacted if these attempts prove unsuccessful; in her absence escalation to higher management will be required.

Review

- 6.12 It is essential that all contact arrangements are reviewed to ensure that the nature and frequency of the arrangements continue to meet the needs of the child/young person.
- 6.13 The initial set-up meeting will be chaired by the Team Manager of the Contact Service. Formal reviews of the contact arrangements will be chaired by the Team Manager of the allocated Social Worker and will involve the parents, Social Worker, contact supervisor and foster carers (as appropriate) and held at a minimum frequency of six weekly. These formal reviews will inform the planning for looked after children.
- 6.14 There will however be occasions when the contact will need to be reviewed in the light of significant changes which require a more immediate response. This may be the case even if an agreed plan for contact has been agreed in court proceedings. Where there are serious concerns about existing contact arrangements and these arrangements are detrimental to the welfare of the child, the Local Authority must review and take action if necessary. This may involve seeking legal advice and taking legal action through Section 34(4) Children's Act 1989 - permission to refuse contact with a child in care.

7. WALSALL CONTACT SERVICE

Contact Service Remit

- 7.1 It is envisaged that the majority of supervised contact (70%) is

provided through the Contact Framework through the commissioning process. The remainder of the contact will be provided by our in-house service. Priority will be given to the most complex and high risk cases as determined through the risk assessment tools during provided by our in house service and cases subject to specific assessments such as those undertaken by the PAMS assessors in accordance with the allocated SW or Edge of Care Service, or where it has been specifically identified that there is need to assess contact as part of the child's care plan under the Public Law Outline.

- 7.2 The Contact service will support reasonable levels of supervised contact in relation to children looked after up to the point of Adoption. This is provided by a mixture of 'in house' and externally commissioned provision.
- 7.3 Feedback will be given to parents following each contact session, at the formal review meetings, and as part of every the statutory review process or within any assessment process. Any additional meetings required due contact issues or concerns, will be considered by the contact service and the Social Worker will be expected to attend.
- 7.4 The provision of supervised contact for either children in need or children who are subject to a child protection plan will need to be met through the resources of the team and will not be undertaken by the contact service.
- 7.5 In exceptional circumstances, the contact service will give consideration to assisting with time limited supervised contact, where it is specified in a SGO support plan or the child/children is subject to other orders such as Interim Residence order or Interim Supervision Order, or where Proceedings have been initiated on a No Order Principle. However such support is discretionary and will be subjected to the priority needs of the Looked after population.
- 7.6 Post Adoption Support for contact falls outside of the scope of the contact service and is managed by the adoption service.
- 7.7 Social workers are required to support final 'Goodbye' contacts where children are to be placed for Adoption. Unless it is considered not in the child's interests for this to happen, e.g. in extremely acrimonious situations between Social Worker and parents.

- 7.8 Contact between siblings placed separately is the responsibility of foster carers (including kinship carers) to facilitate, exceptions being where some children may still remain in the family home while others are in foster care. Support can be given to foster carers by the contact service in these circumstances.
- 7.9 Any SGO support plan which encompasses a provision for the Local Authority to supervise contact must be consulted upon by the relevant social worker /Team manager with the manager of the contact service to determine whether such proposals can be supported by the contact service. Any areas of disagreement will be escalated to senior management for a decision.

Assessments

- 7.10 The contact supervisor may be requested to set tasks e.g. providing and preparing healthy food, taking out to the park etc. as part of a parenting assessment requested by the Social Worker.
- 7.11 Parents may also be asked to 'research' certain information e.g. what time clinic is available etc.
- 7.12 Contact is an artificial arrangement, and this will affect the relationships of all involved. This applies to both positive and negative features observed during contact.
- 7.13 Assessments that are carried out during supervised contact sessions, by their very nature cannot be classed as parenting assessments themselves as workers are unable to assess the parent's ability in coping with their children full time and therefore this will not give an overall reflection of their parenting capacity.
- 7.14 Observations during contact time will be made of the following:
- Punctuality
 - Commitment
 - Emotional Warmth
 - Stimulation
 - Communication
 - Meeting basic care needs
 - Guidance and Boundaries
 - Safety – being aware of potential hazards etc.
- 7.15 When contact forms part of an assessment this should be made absolutely clear to those involved in the contact.

- 7.16 If the assessment is going to lead to a temporary change in the frequency of contact, those having contact should understand why this is.

Contact Records/ Summaries (commissioned and in house service)

- 7.17 Contact Records must be written up and made available to the social worker within 72 hours of the contact taking place. It is the responsibility of the child/ children's social worker to ensure that these are read and the content reviewed and any issues addressed in a timely manner.

Procedures for suspension /refusal of contact

- 7.18 If contact has started but is to be curtailed due to the welfare of the child requiring it, the Contact Supervisor will liaise with the Contact Service and the child's social worker/ Practice Manager/Team Manager. The Contact Service Manager will take any immediate decisions based upon the child's immediate welfare to suspend or terminate contact if the social worker, Practice Manager and/or Team Manager are unavailable.
- 7.19 Following any suspension or refusal of contact, if the matter is in court immediate contact should be made with Legal Services, The child's guardian and the IRO by the child's social worker or the social worker's duty team. Where relevant information is required from key professionals this should be formally sought without delay.
- 7.20 Social workers must write to the parent within **1 working day** confirming the reason for the suspension and the date of a review of contact meeting.
- 7.21 The review of contact meeting will be held within **3 working days** of the suspended contact. The meeting will be called with the parents, child/ children's social worker and contact supervisor and the child/children's guardian (if involved)
- 7.22 The social worker must consult with the IRO prior to such a meeting and share what is proposed.
- 7.23 Agenda for the Meeting must address:
- A review of the risk assessment and contact plan and agreement
 - Exploring parents reasons for behaviour in contact. For example not attending may indicate confusion and anxiety on the part of parents, reflecting not a lack of commitment but a

need for support.

- Any recommendations and changes made to contact will be notified to the IRO and legal services.

- 7.24 Any decision to continue to refuse contact must be made by the Team Manager, in discussion with the Group Manager and in consultation with Legal Services.

Limits to Contact Service Provision

- 7.25 Contacts will not compensated for families when:
- Attending court - unless they only have 1 session per week.
 - Cancellation of contact by parents or Cancellation due to child's / parents illness.
 - Children are on holiday with their foster families.
 - Contact sessions that fall on a bank holiday will not be compensated.

Alterations to contact

- 7.26 Alterations to contact arrangements by the social worker (excluding new person attending which will require an updated referral and risk assessment) e . g . times, dates, level of supervision, frequency etc. must be discussed with the contact service to assess their viability. Confirmation as to whether the change requested is accepted will be sent via email by the contact service administrator. It is the responsibility of the social worker that the contact service, foster carer and parents are kept fully informed of contact changes.
- 7.27 Social workers are not to directly contact the framework providers in regards to changes to proposed arrangements but must notify the contact service via the above arrangement.
- 7.28 Any concerns / issues regarding foster carers must be communicated to the social worker and it is the social worker's responsibility to discuss such concerns with their support officer in Family Placement.

Making a referral to Contact Service

- 7.29 'The Supervised Contact Referral form' needs to be completed within Mosaic and a request send to the Placement and Resources Team. Any additional risk assessments required need to completed at the point of referral and available to the P and R Team to progress the referral appropriately and ensure that safe contact arrangements are made.
- 7.30 Foster carers/carers must be asked to transport children to and from contact unless there are exceptional circumstances.

- 7.31 Commissioned framework providers will provide transport as part of the contact package **only** where the social worker determines this is necessary.
- 7.32 Social workers may ask fosters carers to support infants and babies in the early period of settling the contact routine but this is not asking them to act as supervisors. There will always be a supervisor present if foster carers are involved in such infant contact in the early period.
- 7.33 Whilst the referral is being processed, the child's social worker is responsible for ensuring that contact is delivered for a maximum 2 week period
- 7.34 During this period, a signed and agreed contact plan between the parents/carers and the Local Authority must be put in place. Failure to forward to the contact service, the signed contact plan, will mean that the responsibility for supervising contact stays with the child's social worker until such signed plan is received.
- 7.35 The contact service will ensure that in house and provider services sign the contact plan on the first day of contact and will forward the completed copy to the relevant social worker.
- 7.36 If on review changes need to be made to the agreed contact plan, it is the responsibility of the social worker to ensure that such signatures as necessary are acquired prior to any request from the contact service to recommence contact.
- 7.37 It is the responsibility of the social worker to ensure the referral and risk assessment form, contact plan and additional risk assessments if required are complete and forward to the contact service administrator through MOSAIC.
- 7.38 The social worker must make arrangements to ensure that the agreed contact plan is in place prior to the first contact and make available a signed electronic copy to the contact service.
- 7.39 The contact service administration team will return any incomplete forms to the sender and referrals will not be processed.
- 7.40 The contact service administration team will inform the child/children's social worker of who will be providing contact.

8. CANCELLATIONS

- 8.1 Contact provided by external providers requires 48 hours' notice of cancellation otherwise the cost of supervision is automatically charged. Cancellations are monitored by the contact service and avoidable cancellations whereby social workers have failed to alert the service to

cancellations e.g. court dates, LAC reviews, Children on holiday are reported on a weekly basis to Team Managers.

- 8.2 Social workers must notify the contact service 48 hours before a due contact if contact is not to go ahead in the above such scenarios. Cancellation costs can be avoided if early notification is received for example attending court, attending reviews, when the child is on holiday with foster carers and or child is ill and is likely to remain so for more than 48 hours and any other circumstances where cancellation can be given within the 48 hour window.
- 8.3 Failure to notify the contact service of cancelled contacts based on the above avoidable grounds is a waste of resource so will risk the withdrawal of the service to the case and may result in the social work teams having to use its own resources to support the contact.
- 8.4 Where long-term contact arrangements are in place social workers are to advise parents that cancellation of attendance must if possible be notified within a 48 hour period.
- 8.5 The contact service is aware that parents may become unwell or will not comply with notifications in agreed contact plans however this matter is addressed through the 3 cancelled contacts procedure.
- 8.6 Parents who cancel 3 contacts without good reason will trigger the review process. If parents cite medical grounds evidence must be produced.

9. CONTACT PLAN

- 9.1 The contact plan forms the basis for the contact agreement of the arrangements for each child and family. All parties must sign and be given a copy and accept their role and responsibilities with regard to this. The focus of the contact plan must always be the needs of the child.

Indicative Contact Arrangements

These arrangements are a GUIDE ONLY and must only be used as such. An assessment of the child's contact needs must be carried out with clear recommendations as to why this is the level of contact proposed.

PURPOSE OF CONTACT			
AGE	ASSESSMENT	RE-UNIFICATION (PRO-ACTIVE AND TIME LIMITED)	IDENTITY
0 – 2	3 x per week – 2 hours	5 x per week – 2 hours Leading to some overnights (Placement with Parents as applicable), when assessment indicates this is appropriate and re-unification is likely.	If direct contact agreed 1 x per annum – 1 hour (Adoption) (maximum 2 x p.a. – 2 hours Indirect contact, one or two way, minimum 1 x p.a.
3 – 4	3 x per week – 2 hours	3 x per week – 3 hours Leading to some overnights (Placement with Parents as applicable), when assessment indicates this is appropriate and re-unification is likely.	If direct contact agreed 1 x per annum – 1 hour (Adoption) (maximum 2 x p.a. – 2 hours Indirect contact, one or two way, minimum 1 x p.a.
5 – 9	2 x per week – 1 hour (after school)	3 x per week – 1 hour (mid week) weekend 2 hours leading to some overnights (Placement with Parents as applicable), when assessment indicates this is appropriate and re-unification is likely.	If direct contact agreed 1 x per annum – 2 hours (Adoption) (maximum 2 x p.a. – 4 hours). Indirect contact, on or two way, minimum 1 x p.a. If long term fostering 1 x per month up to 3 hours plus indirect as agreed.
10 – 16	1 x per week – 2 hours	2 x per week – weekday 1.5 hours weekend 3 hours. Leading to some overnights (Placement with Parents as applicable.) When assessment indicates this is appropriate and re-unification is likely.	If direct contact agreed 1 x per annum – 2 hours if adopted Indirect contact, one or two way, minimum 1 x p.a. 1 x per month up to 6 hours if long term fostered, plus indirect as agreed.



Walsall Council

Walsall Childrens Social Care
Child Centred Contact Plans
Good practice guidance

Developed by Sherrie Francis

Practice Development Coordinator

January 2016

Contents

Introduction	3
Legislative background.....	3
Purpose of contact during proceedings	4
Planning contact that meets the needs of the child	5
Research in Practice	6
Contact: Making good decisions for children in public law. Contact planning tool developed by Elsbeth Neil @UEA.	6
Good practice Guidance when Contact planning for infants and children under 3 years.	7
Good practice Guidance when Contact planning for children and young people.....	11
Childs perspective	15

Introduction

The term contact is defined as;

1. 'The act or state of touching; a touching or meeting, as of two things or people'.
2. 'Immediate proximity or association'.

Good quality contact between a child and family members that they are separated from, can support an existing relationship or attachment, it can support the child's identity formation, it can give them a sense of their history and a better understanding of their current situation and can support them to transition into new placements, with new primary carers.

Good quality contact is also a necessary pre requisite for reunification, however poorly planned and facilitated contact could have the opposite impact to that described.

The purpose of this guidance is to assist you in planning contact, by being explicit about the purpose for the child; it will provide some practical suggestions and tools to support best practice and by the introduction of research and policy will ensure that plans are evidence informed.

This guidance is only part of the process, as the child's allocated social worker; it's your knowledge about the child and their family that will ensure that the contact plans are child focussed and individually developed for each and every family you work with.

Legislative Context

The Children Act 1989 section 34 placed a duty on Local Authorities to 'promote' reasonable contact, for children in their care, with their parents and other persons prescribed within sec 34(1) of the act.

This was amended within **The Children and Family Act 2014 part 1 (8)** The Local Authority shall 'allow' reasonable contact, *'what a local authority in England must have regard to in considering whether contact between a child and a person mentioned in any of paragraphs (a) to (d) of subsection (1) is consistent with safeguarding and promoting the child's welfare'*.

This duty exists in the absence of any orders for contact. If no agreement is reached on what level of contact should be afforded the child and its parents (or others), the Act provides for the court to make orders by its own motion when making a care order for the child.

The Court of Human Rights recognised the need to preserve ties with the family but also that it was clearly in the child's interest to ensure its development in a sound environment concluding that a parent cannot be entitled under Article 8, European Convention on Human Rights, to have such measures taken as would harm the child's health and development.

Therefore, children have the right to be protected from harmful contact. For children subject to

an interim care order or a full Care Order, the Local Authority can suspend contact for a limited period (up to a maximum of 7 days) in order to address or resolve issues within contact, and in cases where contact remains harmful to the child, can make an application to the court under section 34 (4) to cease contact.

The Local Authority's duties and responsibilities are set out in **Children Act 1989: Guidance and Regulations Volume 2: Care Planning, Placement and Case Review 2010**.

In addition **Regulation 14 of the Fostering Services Regulations** places a duty on fostering services to promote contact between a child placed with a foster parent and his/her parents, relatives and friends unless such contact is not reasonably practicable or consistent with the child's welfare.

The United Nations Convention on the Rights of the Child has two articles that should be considered;

Article 3 *(Best interests of the child) The best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children. This particularly applies to budget, policy and law makers.*

Article 9 *(Separation from parents): Children have the right to live with their parent(s) unless it is bad for them. Children whose parents do not live together have the right to stay in contact with both parents, unless this might hurt the child.*

Purpose of Contact during proceedings

Your contact plan/care plan should set out the purpose of contact in line with your assessment of the needs of each child, based on your own professional assessment and analysis of the child's needs and evidenced informed practice.

Within care proceedings the purpose of contact has three main elements;

- * To enable the child to experience a parent as a familiar figure.
- * For the child to have the opportunity to retain or build a relationship/familiarity with a parent or family member (not to be the primary attachment figure) and to be able to enjoy spending time together.
- * Assessing-parental commitment
 - emotional availability
 - basic parenting skills
 - willingness to take advice

Overall, the purpose of ongoing contact is to....

- * Build or maintain relationships.
- * Assure a child they are loved and or remembered.
- * Ease the pain of separation.
- * Give permission to settle into a new family.
- * Support reparation and recovery after abuse.
- * Provide a reality check.
- * Reassure that birth relatives are alive and well.
- * Help children to understand their history and identity.
- * Support life story work and allow children to ask questions about why they do not live with birth parents.

Not all children are the same, therefore careful consideration needs to be given to ensuring that contact is able to achieve its intended purpose in a positive, supportive way.

Planning contact to meet the child's needs.

Make sure that the Children and Families Assessment has sufficient information on the matters that are important for deciding on contact – e.g. nature/type of attachment (focusing on the child's needs), parents' ability to commit to a particular regime that in the wider family/community is important to the child. Contact arrangements to siblings are particularly important.

Ensure that plans for contact are discussed fully at the legal planning meetings/Gateway Panel. Do not just concentrate on threshold.

Provide clear plans, in both the social worker's initial statement and first care plan, evidencing your reasons for recommendation for frequency/venue/type of supervision with reference to the Child and Family Assessment.

Make certain that the timetable for the child remains at the centre of all plans so that the focus is firmly on the needs of the child. For example, if the child is being introduced to a new school or nursery, or activities whilst in foster care, then the implication for timing and frequency of contact should be considered.

Getting the balance for the child right, in particular where there are a large number of family and extended family members can be difficult. Make every effort to share contact between suitable family members.

Guidance on practical issues, such as, parents contacting the contact service prior to attending, how to manage missed sessions and timely reviewing of contact must be included within the contact planning meeting and the contact working agreement, to be completed by all parties to contact.

During the drawing up of the contact plan it will be made clear that sessions will be used for assessment. There will also be an expectation that contact staff will advise and assist parents with parenting tasks during contact and monitor their ability to understand and carry out the tasks.

It is important that there is discussion by the social worker with the foster carer or contact supervisor regarding the presentation of the baby/child before and after contact. This will provide

important information on the child's experiences of contact and will form part of the overall assessment process, as will the social worker's own personal observation of contact.

The Children's Guardian should be involved in discussions regarding any changes in contact. Their views based on their personal observations of contact should be sought and recorded. Their views regarding the presentation of the child in placement before and after contact based on their personal observations should also be sought and recorded.

Sibling contact needs careful consideration. Each child's individual needs and the family dynamics need to be taken into account. Every child has differing experiences of living in the family home. It needs to be considered that a child maybe the favourite or the scapegoat. The favoured child may put pressure onto other siblings to not reveal anything about their life with their parents. Pressure may also be put on a child by siblings to express a view that it wants to return home.

The referral process prior to the commencement of contact has been amended to reflect the need for a more robust planning stage to incorporate the views of all parties to contact. This will ensure that contact remains child focussed ensuring that the needs of the child are shared by all and are the paramount concern at all times. In addition contact will be regularly reviewed to ensure it remains in the child's best interest. For more details regarding this, please see contact procedural document.

The aims of contact must be set against the primary need to ensure that the child's welfare is being safeguarded and promoted. It is vital that as part of your continuous and proactive planning you review contact from the child's developmental perspective.

Research in Practice

In order to ensure that the risks and strengths associated with contact have been carefully assessed, a contact assessment tool ¹could be used. Research in practice have a tool that can be incorporated into social work evidence and Looked after reviewing paperwork to enable a robust and balanced approach to be taken when considering contact and the impact of the frequency and duration of this on the physical and emotional development of the child.

Contact: Making good decisions for children in public law. Contact planning tool developed by Elsbeth Neil @UEA.

This tool sets out a five-step approach to planning contact informed by the available research.

***Step 1-Purpose of contact;** Build or maintain relationships, assure a child they are loved and Remembered, ease the pain of separation and loss or to help children to understand their history and identity.

***Step 2-What are risks and strengths;** This section explores the strengths and risks factors associated with the child, the carers and the parent or family member who is proposed to have contact.

¹ www.rip.org.uk/frontline

***Step 3-Provisional plan for contact;** Supervised professionally or by carers/extended family. Is it supported/actively facilitated to improve relationships/allow child to ask questions? In addition, the frequency and duration may be at a provisional rate until the impact of this to the child is known, at which point it could be altered to reflect this.

***Step 4-Contact support plan;** Supervision, facilitation, mediation. Does the parent require any emotional support; establish role clarity (Who is Mummy? Who tells the child off?) Does any party require financial support to attend contact?

***Step 5-Review;** this should consider everyone's point of view, especially the child's, how do they present before, during and after contact needs to be taken into account as well as their verbally expressed views. Questions to be answered; Does the pattern of contact need to change? Does the support to contact need to change? What is the purpose of contact?

(This is not an exhaustive list of the themes/areas explored within the assessment tool).

Therefore any contact plan should aim to:

- * Minimise negative impact on the child.
- * Promotes the best interests of the child as the primary concern of the court and the Local Authority.
- * Allows for the benefits of contact to parents and 'others' to be retained.

Good practice Guidance when Contact planning for infants and children under 3 years.

Frequent and lengthy contact is often viewed by parents and their advocates in court as a precursor to a child being reunited with the birth family and it often becomes a bargaining tool in care proceedings, with the needs of the child often becoming subsumed by the wishes of the parents.

When setting out recommendations in a court statement and care plan, it is important to distinguish between contact for infants and any older children, and to present relevant research to illustrate the potential impact of contact on the newborn/infant developmental needs, and the impact on older children's and young person's development.

Parents who are both wishing to care for the child and are in dispute, frequently get involved in asking for equal contact. The baby/infants needs have to be at the forefront of planning. The need for regular routines to be maintained and secure attachment to a primary carer to be fostered is central to any decision making. In addition to assessment/consideration of positive pre-existing relationships.

Rather than infants having separate contact with several family members, amalgamating contact should be considered. Identified important people can attend one of the parent's contacts with the child rather than separate contact being arranged.

As social workers writing the care plan, it is good practice to be balanced when setting out the plan for contact showing that you have weighed up the pros and cons of your proposals and why you have chosen or discounted a particular arrangement.

Key Research;

Kenrick J (2009) Concurrent planning: a retrospective study of the continuities and discontinuities of care, and their impact on the development of infants and young children placed for adoption by the Coram Concurrent Planning project

Adoption and Fostering 33(4) 5-17

Coram Practice note 1

'Concurrent planning-Early Permanence for Babies in Care proceedings'.

Coram Practice Note 2

'Intensive contact with birth parents: Implications for the emotional development of infants and young children placed in foster care'.²

These resources can be downloaded from the Coram website-www.coram.org.uk

Coram has produced the following good practice recommendations to guide courts and practitioners when deciding and arranging contact sessions with birth parents.

- * Settling in time – the courts to allow a settling in period of no more than 14 days with the Foster carers before contact begins to allow the baby to settle and develop positive attachments without diminishing the established child/birth parent relationship.
- * Consistency of escort – the same person to bring the baby to and from the contact venue
- * Short travel time – the distance between foster placement and contact venue to be no greater than 20 miles
- * Regularity of contact – ideally no more than three times a week, to reduce disruption to the infant's routine while maintaining close and consistent contact with birth parents.
- * Length of contact – sessions should be no longer than two hours and should be purposeful in developing the child/birth parent relationship.
- * Consistency of timetabling – sessions to be at the same time each day wherever possible
- * Continuity of care – the foster carers to remain on site during contact so they are available to support the birth parent in meeting the needs of the child.

² www.coram.org.uk

- * Transition time – a ten minute transition period at the start and end of contact so the foster carer(s) and birth parents can communicate regarding the baby's needs, preferences and progress, and build a positive, supportive relationship which facilitates the needs of the child being placed at the centre of the contact process.

Schofield, G and Simmonds, J (2011) Contact for Infants Subject to care Proceedings. Family Law Journal 617.

This article explored the findings within the work of;

Humphreys C and Kiraly M, High frequency family contact: a road to nowhere for infants' Child and Family Social work 16:1, pp 1-11, 2011

Kenrick J, 'Concurrent planning: a retrospective study of the continuities and discontinuities of care and their impact on the development of infant and young children placed for adoption by the Coram Concurrent Planning project', Adoption and Fostering 33:4, pp 5-18, 2009

Themes within this piece of work;

It is important to consider two very different sources of research that are relevant to decision making in relation to infant contact. Research; exploring infant contact, and research; from development psychology that explores the particular needs of infants from inadequate or harmful backgrounds is essential; in order to be balanced and thorough.

In both the work by Kenrick and also Humphreys and Kiraly, they identified that there is a constant disruption to infants daily routines, and only on no contact days do they experience being relaxed, feeding, sleeping and play with primary carers, allowing their natural rhythms with both physical and psychological benefits.

Humphreys and Kiraly firmly refute that there is any correlation between the frequency of contact and the likelihood of return home; instead their firm conclusion is that it is the quality of the contact that is more important to the child's welfare and outcomes than the frequency.

The significance of contact during proceedings for infants, is explored, *'the first year of life is crucial for all areas of development-physical, emotional, cognitive, social and behavioural. To promote healthy development from birth, all infants need a relationship with a caregiver who provides a consistent, emotionally available, sensitive and responsive secure base'* and additionally, *'this secure base not only meets the infants physical needs but reliably comforts and reassures the infant when distressed or anxious and enables the infant to feel safe enough to relax, play and learn'* (Schofield and Simmonds, 2011).

Focusing on the development needs of the children that are subject to contact planning needs to take account of their earlier experiences, where their development needs may have been severely compromised. The impact of parental substance use whilst pregnant can cause issues for the baby

once born, specifically in relation to their ability to feed, sleep, play and relate to people.

'The most important issue, therefore, for infant development in relation to contact plans is the degree to which contact arrangements produce high levels of stress for the infant through discontinuity of care and potentially insensitive care during contact' (Schofield and Simmonds, 2011).

This paper also explores the role of attachment when assessing levels of contact with parents. Some basic principles to be considered:

Attachments during the first year of life are formed even in the context of maltreatment, but in this context are likely to be disorganised. This means that the infant seeks comfort from a caregiver who is also the source of fear and thus remains in a state of high anxiety. Where infants re-experience that state of trauma and anxiety at contact, they may show distressed or frozen behaviour.

Where young infants begin to experience secure base care giving in the foster carer home and form an attachment to the foster carer, this can be a developmental benefit, regardless of outcome. Although infant's attachments are selective in discriminating trusted caregivers from strangers they are able to build multiple attachment relationships, as we see in ordinary families. However, transitions between caregivers/attachment figures need to be handled sensitively-both around contact and when infants return home or move placements.

When infants move from a foster placement, they do not 'transfer' the secure attachment to the parent or new caregiver, but they have a foundation of trust in their own lovability and the capacity of others to care for them, which will assist in developing a secure attachment either with parents or substitute caregivers.

Decision making around contact plans for infants need to consider three important questions;

- * What contact arrangements for the infant would be consistent with their rights and development?
- * What contact arrangements for the parents would be consistent with their rights and development as a parent?
- * What contact arrangements before and during proceedings would not prejudice the outcome of proceedings?

Evidence and professional judgement needs to be provided for the following factors when providing the court with proposed contact plans;

The purpose-needs to be explicit in each case-In most cases the purpose will include enabling the infant and parent to have the opportunity to retain or build a relationship. There may also be an expectation that parents will demonstrate or **improve** parenting skills. The purpose of contact and therefore the planning may change at different stages in proceedings.

Consideration needs to be given to the frequency and length of contact. The goal is to achieve good quality contact that enables the infant to experience their parent as a familiar figure and that enables the parent to interact with, care for and enjoy their child-and to retain their role as parent. But this frequency should be at a level that does not interfere with the infants need for consistent physical and emotional care in the foster home and to form a positive relationship with the foster carer. This must include sufficient recovery time from stressful experiences.

Venue-must be welcoming and both infant and parent friendly.

Travel arrangements-plans should include discussion about distance and the need for consistent escort arrangements that do not cause undue stress for the child.

Supervision of contact-supervision needs to be sensitive to the needs of the infant and parent, but when necessary will prioritise the needs of the infant. This role is likely to include some combination of supervision, facilitation, education, assessment and reporting.

Support for birth relatives-practical support will be needed for travel arrangements, but most parents will also need emotional support. For all parents, the experience of caring for a child in a strange environment while being observed is stressful.

The role foster carers- Foster carers need to understand that their role as caregiver is critical for the infant's development, and that contact itself is a necessary part of the keeping possibility of reunification alive and that their recording of the impact of this will be considered when contact plans are made and reviewed.

Good practice Guidance when Contact planning for children and young people.

Contact needs to be managed in a more proactive way for adolescents and young people, with regular reviews of its purpose. Foster carers can often alert the social worker to the difficulties that the young person is experiencing, so regular contact with the carers is essential.

Work with parent's to improve contact might assist in a re negotiation of the relationship with the child. Positive contact with grandparents and family members can be a source of stability and this could, in some cases, counteract the negativity of contact with birth parents.

With older children they are more likely to have experienced inconsistent and unsafe/harmful care whilst with their parents; therefore consideration needs to be given to the possibility of re-trauma and the impact this can have on their feelings associated with historical care.

Placements for older children are likely to be foster or kinship care, with many adolescents

seeking out their birth families once they are able to, this is readily available as a result of social media and the location of placements usually remaining near to birth family. Therefore consideration needs to be given to whether contact can safely maintain links between children and their birth families and ameliorate the need for them to actively seek reunification once they are able to.

Many care leavers report feeling alone and having limited support networks once they leave care. Some of our care leavers have provided feedback in relation to their experiences and the need for contact planning to be considered in light of the fact that many young people will have the opportunity to make contact with family members once they have the freedom to go out without supervision, for some it is earlier than this if they have access to social media.

Contact with birth parents can give the child a true sense of their birth parents personality, behaviour and needs. This may prevent an idealisation of an absent parent, and therefore help the child to come to terms with their personal history in the future.

Any contact arrangement should be reviewed regularly, as it is likely that contact arrangements will need to change throughout the child's lifetime due to their changing development needs as the child gets older, and to account for any other changes of circumstances that occur over the next 18 years.

In conclusion the same careful planning and a constant reviewing of contact arrangements are needed for this group of young people as it is for infants and newborns.

Key Research;

Moyers S et al (2005) Contact with Family members and its impact on adolescents and foster placements. British Journal of Social Work, 36, 541-559.

This study was based on the impact on adolescents / young people in foster care of contact with their families.

Difficulties that were identified were:

Unreliable contact; Young people were upset when parents did not turn up or were late for contact.

Inappropriate amounts of contact; with some, having too much contact, interfering with other activities.

Safety during contact; Most contact with older children was not supervised and placed a number at risk of physical and sexual abuse.

Replay of negative relationships; this can occur with siblings as well. Entrenched, unresolved attachment difficulties re-enacted during contact, rejecting/abusive/neglectful messages from parents and family members.

Contact made unpleasant by parents speaking badly about the young person's carers. Actions by family members (including siblings) undermining the authority of the carers.

Within the group a year after placement 57% were reporting that contact was problematic. 56% of placements broke down because of contact difficulties, compared to 24% where there were no difficulties.

Occasionally contact deteriorated due to conflict in the relationship or changed arrangements. For the majority, the young people continued to have contact with relatives who were rejecting, unreliable and neglectful and it was difficult for the young people to cope with or understand these experiences. A few needed to return home to test reality against their fantasy that things could be different.

Whilst contact difficulties were directly related to placement outcome, absence of contact was not. It may be that the lack of contact was constant and allowed the young person the space and time to try to come to terms with rejection. Rejection that occurred during contact was associated with the young person trying time and time again to get their unresolved attachment needs met and failing every time.

Sinclair, I (2005) *Fostering Now: Messages from Research*. London. Jessica Kingsley Publishers

Sinclair (2005) found that 40% – 50 % of children who are looked after have contact on a weekly basis. However, careful consideration needs to be given to whether contact is genuinely beneficial and has definite purpose for the child concerned. For example, is contact instrumental in supporting the child's best future prospects, whether they should return to their family or a loving and stable home elsewhere. In addition well organised and purposeful contact will play a role in assessing whether a child can return home, for example, forming part of the parenting assessment process.

We need to question the impact that contact has on the child in permanent placement where, as it is in the vast majority of cases, they have been removed from their birth family because of maltreatment, and at the same time seek out the contact which is enabling a child to heal through contact, where a parent is assisting and helping that child to make sense of its past.

Lenore M. McWey, Ph.D., Alan Acock, Ph.D., and Breanne Porter, M.A (2010)

The Impact of Continued Contact with Biological Parents upon the Mental Health of Children in Foster Care *Child Youth Service Rev*, 2010 October 1; 32(10): 1338–1345 New Zealand Study

This study examined depression and externalising problems of children in foster care using data from the National Survey of Child and Adolescent Well-Being. Findings indicated that more frequent contact with the biological mother was marginally associated with lower levels of depression and significantly associated with lower externalising problem behaviours.

The association with externalising problem behaviour was significant even after controlling for gender and exposure to violence. Further, differences with regard to gender were revealed. Specifically, girls had higher depression scores than boys even after controlling for exposure to violence. Results suggest that supporting frequent, consistent, contact may have a positive impact on the levels of depression and externalising programs children in foster care exhibit.

Selwyn. J (2004) Placing older children in new families: Changing patterns of contact, In Neil, E and Howe D (eds) Contact in Adoption and Permanent Foster care: Research, theory and practice, London. BAAF

Selwyn (2004) conducted a study on contact and 21% of the children in her study were physically or sexually abused during unsupervised contact with family members. Sinclair's study unsurprisingly found that for those children who had been abused it was important to restrict contact, or cease contact altogether with the family member/members responsible. For those children with unrestricted contact with birth family, there was a higher likelihood of re abuse after return home or during contact, than for those children with well managed and planned contact arrangements.

Foster carers and children can give numerous examples of contact arrangements that are not well managed or well planned. Thought should be given on how to support the carer for the child who will need to be able to sensitively deal with the emotions that will be raised by contact with family members.

If escorts/sessional workers are used the same one should be used each time if possible. The journey to and from contact can often be the time when the child tries to process the confusing and often contradictory feelings that contact raises. Workers who know the child and who the child can trust to express their feelings in front of are invaluable in these circumstances. Social workers need to speak to these people as well as the carer so that a more complete picture of the child's experience is obtained.

Mackaskill C (2002) Safe Contact? Children in permanent placement and contact with their birth relatives. Lyme Regis: Russell House Publishing.

Mackaskill (2002) looked at contact for children in permanent placements and their birth families. He found that contact with members of a birth family can be harmful or challenging for a child in a permanent placement, particularly contact with relatives who have mistreated them including chronic neglect, emotional, physical and sexual abuse.

Mackaskill found that the proportion of children suffering negative consequences from contact was twice the proportion for which contact had a positive effect. Problems include feelings of divided loyalty, emotional and behavioural difficulties, setbacks in progress made in placement and in some cases continued abuse during the contact.

When professionals become aware through evidence based assessment of any negative impact of contact on a child as a result of contact, then the social worker should consider reducing the levels of contact. Any distress that the child is experiencing, professionals should attempt to mitigate with a view to increasing contact when, and if, the child is able to cope with this.

Overall, within your care plan or social worker evidence template, you need to ensure that you have provided a balanced view when considering levels of contact. Demonstrate that you are sensitive to issues and challenges that are often faced within these situations but why you may not agree with them.

Childs perspective

Contact is primarily for the child. It is important for parents, relatives and other important people in the child's life but at the centre is the benefit of any contact for the child. Children who are able to express themselves will be able to offer views on contact. For infants they are dependent on professionals to observe the child prior to, during and after contact in order to assess the impact on the child.

Contact may promote very strong emotions for a child. For some children it will trigger a re-experience of trauma they have suffered at the hands of carers. This may not be immediately obvious. It is vitally important that the social worker and contact supervisors have knowledge of the past history of the child's family and the child's experiences within the family.

Feedback from some of our care leavers;

*Being watched was the worst part; this can make the child's behaviour worse, and there's not always a need for two workers, again this just adds to the feeling of being watched.

*When contact is arranged for birthdays and special occasions, this can be more difficult.

*One young person advised that their contact was 2 hours per week, but this was increased to overnight contact-this didn't work-and the young person feels this should have been more thoroughly assessed.

*They felt that often the behaviour of the child was as a result of the parents care.

*Often children will say what they are told to say. I used to say that I wanted to see my mum more, because she told me to say that.

*To a looked after child, it's normal, you know no different. Parents can manipulate you. Social workers need to be honest and make sure they are age appropriate, give a clear answer and safeguard the child.

*Don't just tell the child that there is going to be no contact then go away. Maintain contact, be there to explain.

*Siblings, more work should be done to explain the situation regarding why they can't be together or have contact.

*Consideration as the child grows about their exit plan, who will be their support network when they leave care?

*I really loved my contact, it was activity based, we went to cinemas, Nandos, and we weren't watched. It was contact with my sister. We had the same workers every week and they became family. They cared about us. When we became too old for contact, I was sad not to see the contact worker anymore.

*Consider family members, consider educational contact.

Lorne Loxterkamp (2010), Consultant child and adolescent psychologist, looks at the assumption that regular contact can remedy the child's loss of their birth parents. He points to the fact that the child will need to come to terms with that loss, understanding with an increasing sophistication why they were removed from their birth family. In addition only by telling a child (obviously in an age appropriate way) the whole truth about the reasons for their removal will future shocks and feelings of being deceived be avoided. The child can develop an understanding of why they do not live with their family; they can grieve, move on and form new attachments. Contact that portrays birth parents who have been grossly culpable as being responsible for only minor failings and mistakes does not explain to a child why it cannot live within its birth family and can undermine a child's attachment to permanent carer's outside the family, be they adopters or long term foster carers.

However, there is a need to keep yourself open to a considered and balanced approach in each individual case and to look at the experience of parents as the other voice that needs to be heard, and where a weight of common history of children lost in care, would place emphasis on the need to protect the parents relationship with their child.

In his review of Contact in 2010 between looked after children and their parents a level playing field, the late John Triseliotis reminds us of the complexities of human relationships on show in contact and the impacts of insensitivity and poor planning on adults as well as the child. He points out the need not to be all generalising when using research.

It is to be noted that the review was completed before the developing consensus around infant contact and does not cite that research when looking at frequency and duration, however there are valid points in his argument and as social workers we have a duty to understand them and respect their continued currency.

TOOLKIT
ASSESSMENTS
RELATED TO CONTACT

Tool kit 1

Assessment of child's contact needs

In planning and delivering contact for children it is **essential** that there is good quality assessment of the child's contact needs and how these needs can best be met. This is irrespective of whether there is no order, an interim order, full care order or adoption order. Information obtained from this assessment should be recorded within the Child and Family Assessment.

Contact should not be an "**afterthought**" or an arrangement that is hastily brought together with little consideration of the child's, birth family or carers needs. Inevitably, there will be occasions when contact plans need to be drawn up quickly such as when an Emergency Protection Order goes before a court. This however, should be an infrequent exception.

Every effort must be made to have a planned contact arrangement based on the needs of the child and the circumstances of the case prior to the court hearing. Good quality assessment and plans will assist the court, and those involved with the child, to formulate a plan based on the child's needs. This will reduce the level of discussion immediately prior to the hearing. It will also help to avoid last minute negotiations, which may not have been thought through and in the best interests of the child. Careful forethought is necessary as it is entirely possible that you may be re-examined on thought processes behind the contact plan. If you have fully assessed the contact needs it will be easier to explain the plan to the court. Please refer to https://www.rip.org.uk/download/242/RIP_Frontline_Tool_ContactMakingGoodDecisions_web.pdf to inform your contact proposals.

The essential areas for assessment

In any assessment of contact there will be essential factors which will need to be considered. Some of these factors will be more relevant than others depending on the purpose of the contact and the stage of any legal proceedings and care history.

1. The purpose of the contact:

- Build or maintain relationships.
- Assure a child they are loved and remembered.
- Ease the pain of separation and loss.
- Give permission to settle in a new family.
- Support reparation and recovery after abuse.
- Provide a reality check.
- Reassure that birth relatives are alive and well.
- Help children to understand their history and identity (particularly for black and ethnic minority children).
- Support life story work and allow children to ask questions about why they do not live with birth parents.

If direct contact is not safe, how else can you meet these needs?

2. The child's needs:

- Their age and level of understanding.
- Their wishes and feelings regarding contact.
- Their relationships with family members including siblings.
- Their emotional and developmental functioning and needs including psychological resilience and ability to form attachments.
- The level of harm and ensuring their need for safe contact can be met. This may include issues around the confidentiality of the placement.
- The numbers and location of siblings and their contact needs.
- Their physical and educational needs.
- The likely benefits of contact or adverse effects on them.

Prompts

Consider the points below in relation to Babies and infants

Does the baby need a settling in time?

- This is a period of peace and quiet for the child which will allow the baby time to settle and a home routine to be developed without diminishing the child/birth parent relationship. Have you assessed a settling in time with the foster carers before contact begins as being necessary?

- **Will the foster carer come in and support the baby in contact in the initial early contact ?**

This is especially important for babies who are more vulnerable because they have had undergone detoxification because of being born withdrawing from drugs or alcohol.

- **Have you planned to minimise the level of disruption to the baby /infant in your contact arrangements?**

- For example, other adults attending the last half hour or coming to a parent contact on a monthly rota. Contact with other significant adults needs careful planning. If the parents are in dispute then the infant's needs should remain central and the arrangements for contact should not significantly increase in order to meet the individual parent's demands.

- **Have you considered the impact of travel on the infant's needs?**

- Travelling should be to be kept to a minimum. By focusing on quality not quantity then longer rather than more frequent visits should be considered.

However, ideally the initial duration should be no longer than three hours three times a week. This enables the minimum disruption for the infant and maintains consistent and close contact with parents.

- **Frequency of contact directly relates to the permanency plan (refer to the indicative contact arrangements matrix)**
- Length of visits should be determined bearing in mind the infants developmental needs and how parenting capacity and the infants needs change over time. In an assessment phase, longer visits can allow for a cycle of feeding, sleeping, feeding and play, all with support and education for parents provided.

3. The Birth Relatives:

- The relationship of the birth relatives with their child.
- Their views about the plan for placement and proposals for contact.
- Their potential to disrupt placements or undermine the role of the substitute carer.
- Their previous experience of contact.
- Their health, emotional well-being and current functioning.
- Their commitment to contact.
- Their availability for contact, taking into account both their working life and possible need to address issues affecting their parenting. For instance, drugs or relationship counselling.
- The likelihood of them causing harm to the child during contact. This may be in some or all the different categories of abuse.

4. The Carers:

- The views, experience and skills of the current or proposed carers in relation to both direct and indirect contact.
- The likely degree of openness in the placement - both structural and communicatively, and, the acceptance of the child's birth family and history.
- The carers existing family and placements and willingness to facilitate and/or supervise contact.
- The location of the carers in relation to the birth relative and contact venue.

5. The Practical Considerations:

- The availability and location of the contact venue in relation to placement and birth relative.
- The ability of the birth relative to travel to the contact venue.

- The assessed risks which may be presented to the child, carers and staff by the birth relatives as well as the potential threat to the stability of the placement.
- The school placement - its location, the effect of contact on the placement and transport arrangements.

Use the indicative contact matrix (Appendix 1) to develop your contact proposals. The arrangements outlined in the contact matrix are a GUIDE ONLY and must only be used as such. An assessment of the child's contact needs must be carried out with clear recommendations as to why this is the level of contact proposed.

Tool kit 2

Assessment Framework for PPRC having or seeking contact or proposing to live in same household with children

The term 'Poses Risk to Children' applies once an individual has been identified as presenting a risk or potential on going risk of harm to children / young people due to being convicted or cautioned in regards to specified offences. The term incorporates those individuals who have been in the past convicted for an offence under Schedule One and are assessed as posing a future risk of harm to children / young people.

Some individuals who have been convicted of an offence under Schedule One may be assessed as no longer posing a future risk of harm to children and some individuals convicted of violent or sexual offences not detailed or within Schedule One, may be assessed as posing a future risk of harm to children / young people.

Additionally there will be cases where a person without a conviction or caution may pose a risk to children / young people. For example, a finding of fact in a Civil Court that an individual poses a risk to children, an individual subject to a Risk of Sexual Harm Order (Sexual offences Act, 2005) or other non-offence related information, indicates that a person is a potential risk to children. Although assessments exploring the nature of the risk and the need to manage such risk can mirror that for a PPRC, social workers should be clear in their recording, and management of such cases, that s47 criteria is being applied and not procedures detailed under MAPPA arrangements.

In line with CCP, no contact should occur between a PPRC and a LAC unless there is a risk assessment in place. It is a false premise to assert that supervised contact is safe contact for a child, particularly in the context of a sexual offender.

Contact Visits by Children to High Security Hospitals and Prisons

High secure hospitals and prisons have a duty to implement child protection policies, and liaise with their local LSCB. They should also provide safe venues for children / young people's visits and provide nominated officers to oversee the assessment of whether visits by specific children / young people would be in their best interests.

If requested, Children's Social Care must assist staff in high secure hospitals and prisons to carry out their responsibilities in relation to the assessment (LAC (99) 23 amended by LAC (2000)18).

With regards to visits by children / young people to patients who have mental health difficulties and are in local non-special hospitals (including those detained under the Mental Health Act 1983), the onus for risk assessments lies with the Local Mental Health Trust.

Patients and prisoners who pose a 'risk to children / young people' will only be eligible for a visit if within the permitted categories of relationship (legitimate and natural children, step children, adopted children and children of the prisoner's partner- provided the prisoner and partner were residing together prior to imprisonment).

The nominated officer of the relevant hospital or prison must contact a person with parental responsibility for the child to:

- Seek her/his consent for the visit
- Confirm the relationship of the child to the patient or prisoner
- Clarify who will accompany the child on the visit (must be a parent, relative, foster carer or employee of Children's Social Care)

A clinical assessment in the case of a patient and an assessment by the Prison Probation Officer in the case of a prisoner must be undertaken. If the assessment findings are supportive of the visit and the person with parental responsibility is in agreement, the assessment must be forwarded to Children's Social Care with a request to undertake an assessment about whether the visit is in the child's best interests.

Social workers are competent to undertake these assessments and should only refer to ISW or Lucy Faithfull where there are equivocal outcomes in the assessment.

It is best practice that the social worker undertaking this assessment is different from the allocated child's social worker

Reference Materials:

- Jeff Fowler Assessing Sex Offenders
- Martin Calder- Various materials and assessment scales

Copies available in CBAS Library

ASSESSMENT FRAMEWORK TEMPLATE:

Person Posing a risk to children or where professionals have identified behaviours that may pose a risk – e.g Findings of fact in previous civil proceedings (can be used as part of MAPPA or s47 enquiry)

Section 1: Introduction

- Name, D.O.B , Ethnic Origin, Religion, any alias of PPRC , current address
- Name, D.O.B , Ethnic Origin, Religion, address of child
- State Reason for the assessment , e.g. request for contact with a child, wishes to live in a household with a child
- Agencies contacted during the assessment of the PPRC: Police, Prison, Probation, Housing, GP , CMHT , Other
- Frequency of assessors contact with PPRC
- Agencies contacted during the assessment of the child and their family (see Tool Kit 1)
- Has the child been seen alone? (if age appropriate)
- Frequency of assessors contact with child and carer/family

Section 2: The PPRC behaviours of concern

Details of offences, suspected offences against children, convictions, cautions, findings of fact, allegations, general concerns

- Details of any current orders in force, e.g Probation Order, Registered Sex offender, Notification Order, Sex Offenders Prevention Order, Risk of sexual harm order, License, Foreign Travel Order, Bail conditions
- What information is known about the families the PPRC has been involved with ?
- Numbers, ages , gender and characteristics of victims and their relationship to the PPRC

- Evidence of planning and/or involvement with other PPRC
- Offences against adults
- Has the PPRC shared concerning information/images with other PPRC, shared photographs, made videos via the internet and other social media?
- If there are concerns that the PPRC has been involved in non-contact offence/s, for example accessing images on the internet, have the risks been increased by their use of more than one computer or tablet device, how open or dishonest were they in regards to this?

Personal responsibility for the behaviour of concern:

- Does the PPRC blame the victim, partner, external factors, personal history, substance misuse etc.
- What degree of personal responsibility is shown?
- Can the PPRC see things from the victim's point of view?

Attitude to Victims:

- What is the PPRC view of the victims?
- What is the PPRC opinion about what it was about that child/those children that led to the offences?

Openness:

- Does the PPRC engage and co-operate with the assessment and volunteer information?
- Does the information given check out against police /probation information?
- What information has the PPRC provided to the child's parent/carer and is it accurate?

Therapeutic Input:

- Has the PPRC taken part in any treatment programme since the offences?
- Give details of this and levels of compliance/co-operation/involvement
- If not would PPRC be willing to participate?

- Have any risk assessments already been completed in respect of the PPRC? If so, what were the details / recommendations of these? How relevant do you feel the recommendations of these assessments are in relation to this risk assessment?

Section 3: Family and environmental factors of the PPRC

Factors that may impact on the PPRC's behaviour:

(Please refer to the Core Assessment Framework)

- Mental illness / learning disability
- Physical disability
- Poor experience of being parented, childhood abuse, living outside the family unit or care history
- History of violence
- Past or current involvement in drug misuse
- Past or current alcohol abuse

Family history, relationships and well-being:

- PPRC's description of family history, past and current relationships with extended family
- Experience at school, including relationships, attainment, value of education.
- Historical involvement in criminal behaviour / anti social behaviour.
- Historical and current employment status.
- Impact of any problems experienced by other family members, e g. illness, bereavement or loss.
- What friends and social contacts do they have?
- How does the PPRC describe themselves? What is their self-image and self-esteem?
- How stable is their lifestyle?
- What hobbies and pastimes do they have?

Section 4: The Child/ren and Their Family

- Name and age of the child the PPRC intends to have / has contact with
- Are they known to Children's Services?
- Details of who they live with and their wider family network
- The PPRC's status / relationship to the child.
- Any welfare or developmental issues in respect of the child vulnerability /capacity to protect themselves.
- The level of involvement by the PPRC with the child – past and current, frequency, if contact has occurred/is occurring where is it taking place, who else is present, purpose of contact, etc. What level of care giving is undertaken by the PPRC?
- The wishes and feelings of the child in relation to contact with this person
- Include a view about whether you think the child's views are freely given or whether they may be under pressure, e.g. from Parent wanting a relationship with the PPRC.

Information about the main carer of the child:

- Name, date of birth.
- Are they known to GYPS? If so, why?
- What is your assessment of their parenting capacity to protect from harm?
(Please refer to the dimensions of the Core Assessment framework)
- Are there any factors which impact on the parents' / carers' capacity to protect

from harm, e.g physical / mental illness, disability, poor experience of being parented, care history, childhood abuse, history of violence, alcohol, substance misuse

(Please refer to the dimensions of the Core Assessment Framework)

- Relationship to the PPRC, length of contact.
- Attitude to PPRC's previous offence history.
- Consideration and practical arrangements for safeguarding the child
- Social support network of the main carer.
- Social support network of the child within the family.
- Social support network of the child outside of the family, including professional contacts

Consider use of safety planning and FGC

Section 5: Support and monitoring systems

- Describe the proposed supervision and monitoring arrangements if contact is assessed as being in the child's best interests

Section 6: Analysis

- Assess potentiating factors inclusive of indicative behaviours, attitudes of PPRC, child and carer
- Vulnerability/Resilience factors of child, carer and PPRC
- Proactive/ protective factors

Section 7: Declarations and signatures

- Name of Social worker completing assessment
- Signed and dated
- Assistant Team Manager comments and recommendations
- Signed and dated

Section 8: Decision of Team Manager

- Decision
- Comments
- Any further information required
- Monitoring and Reviewing arrangements

TOOL KIT 3

Domestic violence assessment for safe contact

Domestic Abuse risk assessment toolkit based on “CAADA-DASH” Risk Identification Checklist (RIC) – www.caada.org.uk

Section 1a – RIC to use with perpetrators

Please enter in any relevant information you have gathered from the perpetrator from his assessment, group work, individual sessions or in other ways. You should let him know that you are monitoring the level of risk you think he poses to his victim and others	Yes	No	Source Of info
1. Did the current or most recent incident result in an injury to your partner/ex?			
2. Do you think you partner/ex is frightened of you?			
3. Do you think your violence to your partner is getting worse? Do you think you are likely to use violence again?			
4. Have you ever tried to stop your partner/ex from seeing friends/family/doctor/colleagues or made life difficult if she did? Are you doing that at the moment?			
5. Do you think your partner/ex is having depressed or suicidal thoughts at the moment?			
6. Have you and your partner separated from each other or tried to separate in the last year? Has your partner ever tried to separate from you and you haven't wanted this? [are there other women with whom you are in conflict about child contact, for example informal or formal foster carers, ex-partner, mother of children]			
7. Do you have children that you do not live with – if so do you and your ex-partner currently disagree or get into arguments about the child contact? <i>Please note that there are additional questions to help identify other potential or actual victims, which may then prompt the need for another RIC for this pairing of perpetrator-potential victim. See below.</i>			
8. How often do you text, facebook, phone, contact, follow your partner or ex or turn up at their work or friends etc when they weren't expecting you? Do you do these things a lot and is this getting worse?			
9. Is your current or most recent partner pregnant or had a baby within the last 18 months? [Are there other women you have children with and are any of these currently pregnant or have recently had babies – this will alert you to possible widening of range of victims]			
10. Do you think your abuse is getting worse?			
11. Do you think you are being more abusive than you used to be?			
12. Do you try to control what your partner does in some ways? Are you jealous – for example, do you get upset if they talk to another man or when they go out without you?			
13. Have you ever used an object, such as cutlery, a chair, something else, to hurt or threaten your partner? Have you ever used a weapon to hurt anyone? Does this include your partner? Have you ever threatened to hurt your partner with a weapon?			
14. Have you ever threatened to kill your partner or ex, or someone else in your family? If so, do you think you might have made them believe this, at least at this time?			
15. Have you ever put your hands round your partner's throat and hurt them that way? Or held them down in water?			
16. Have you touched your partner sexually in ways that you suspect, or knew made them feel uncomfortable or hurt her or someone else? (If someone else, specify who.)			
17. Have you ever involved someone else in threatening your partner/ex or other family members? E.g. a friend or relative who is on your side. If so, who is this?			
18. Have you ever hurt anyone beside your partner/ex? Someone like an ex-partner, but also any other family member, friend, colleague, someone			

you know casually. Someone you don't know well, a stranger, children, another family member, someone from previous family relationship, ex-partner's new partner, acquaintance. If so, please say who <i>(make a list if necessary)</i>			
19. Have you ever mistreated the family pet or other animal, such as neighbour's dog or something like that?			
20. Do you currently have money worries or have you recently lost your job or worry about losing it? Do you feel under financial pressure? Are you currently in disagreement with your partner/ex over money problems and do these sometimes cause big arguments? <i>[tick yes if he answers yes to any of these- they are all just different ways of asking about risks arising from finance]</i>			
21. Are you using any drugs or have you in the last few years used drugs or alcohol to the point where people tell you it is a problem or you start to worry it is a problem or start spending money you can't afford on drugs or alcohol or pass out from drug or alcohol use? Are you currently depressed or have any other problems with your mental health? Are you taking any medication for depression or other mental illness?			
22. Have you ever thought about or threatened suicide or tried to kill yourself?			
23. Have you ever had a bail order or injunction/order telling you not to contact or hurt your partner/ ex or the children? If so, have you ever ignored that order and done something it said you shouldn't do, like calling on them to give the kids presents or something else like that?			
24. Have you ever been in any trouble with the police? Do you have any criminal convictions? <i>[you can emphasise that you can ask the police to check their records but would prefer it if they were honest with you in the first place.]</i>			
If so what type of criminal activity			

Section 1b - Additional specific questions for perpetrators

Please enter in any relevant information you have gathered from the perpetrator from his assessment, group work, individual sessions etc.	Yes	No	Source
1. Are you/is he in a new relationship since ending the one with the primary victim? <i>If you have answered yes to the above please complete a new RIC specifically for this relationship, ensure that relevant information is collected about additional children where they exist.</i>			
2. Is your/ is his ex-partner in a new relationship and are upset or angry about this?			
3. Have you/ has he threatened your ex-partner's new partner?			
4. Are there other women in your/ his life who have felt threatened by your/his behaviour?			
5. If you have answered yes to the above please assess the risk to this person and their needs for safety, if necessary complete a separate RIC.			
6. Has your/ his partner ever used any force against you/him? <i>If you answered yes to the above please note that if the victim is using violence to protect themselves this can heighten the risk of serious violence as the abuser will usually increase levels of violence in return. This should be considered when thinking about the overall level of risk.</i>			
7. Do you keep a knife or gun at home or some sort of weapon, even if it is just for show? Do you have any hobbies which allow you contact with weapons? Does your job put you in contact with weapons? Have you ever been trained in combat techniques, such as in TA, martial arts etc?			
<i>If you answered yes to the above</i>			

<i>On its own, having a hobby like these would not necessarily mean a risk of violence; however, coupled with a history of violence and other indicators of future risk it increases the likelihood that any future violence will be dangerous</i>			
--	--	--	--

Need for a new RIC If any of these questions reveal the existence of other people the perpetrator may be a risk to, such as carer of his child (foster parent, family member) an ex-partner, particularly if they are the mother of a child of his, a new partner, his ex-partner's new partner, this should prompt you to collect evidence you have about this pairing of perpetrator and potential victim, on a separate RIC. You will usually make proactive contact with any potential or likely victim, as part of the work of the Integrated Support Service for victims/partners/ex-partners. This will provide you with information you can combine with the information from the perpetrator.

Section 2 - Third person version to combine information from all sources

Please enter any relevant information you have gathered from the victim, perpetrator, referring agency, any other relevant agency, police records etc	Yes	No	Don't Know	Source
1. Did the current or most recent incident result in an injury to victim? (is perpetrator denying this?)				
2. Is victim frightened of perpetrator?				
3. Is violence getting worse or more frequent?				
4. Is victim being kept from seeing friends/family/doctor etc?				
5. Is victim suicidal or depressed?				
6. Is separation imminent? Has victim tried to separate before?				
7. Is there disagreement about child contact?				
8. Is perpetrator constantly checking up on victim (stalking)?				
9. Has victim recently had baby or is she pregnant?				
10. Is abuse getting worse or more controlling in effect?				
11. Is abuse more frequent than it used to be?				
12. Is perpetrator very jealous and controlling about victim's contact with men?				
13. Has perpetrator ever used a weapon against the victim or a previous one?				
14. Has perpetrator ever threatened to kill victim or previous partner or someone else in family in ways which made them believe it?				
15. Has perpetrator ever attempted to choke, strangle, suffocate or drown victim or someone else?				
16. Does the perpetrator denigrate their partner (ex-partner) sexually or physically abuse them (or others) sexually or coerce them into sexual behaviour that they are not comfortable with?				
17. Are other people involved in hurting or threatening or policing victim?				
18. Has perpetrator hurt others? Has perpetrator abused past partners?				
19. Has perpetrator ever abused an animal, particularly a family pet?				
20. Is perpetrator in financial crisis or making victim defendant on him for money, or facing unemployment?				
21. Is perpetrator using drugs or alcohol in problematic ways?				
Is perpetrator currently depressed or have any other problems with mental health or taking any medication for depression or other mental illness?				
22. Has perpetrator ever thought about or threatened suicide or tried to kill themselves?				
23. Has perpetrator ever broken bail order or injunction? Are they denying this?				
24. Does perpetrator have a criminal record? Is any of this for domestic violence?				

Section 3 – RIC version to use directly with victim

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.	Yes	No	Don't know	State source
---	-----	----	------------	--------------

<p>Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.</p> <p>It is assumed that your main source of information is the victim. If this is not the case please indicate in the right hand column</p>				of info if not the victim e.g. police officer
1. Has the current incident resulted in injury? <i>(please state what and whether this is the first injury)</i>				
2. Are you very frightened? Comment:				
3. What are you afraid of? Is it further injury or violence? <i>(please give an indication of what you think (name of abuser(s).....) might do and to whom, including children.)</i> Comment:				
4. Do you feel isolated from family/friends i.e. does (name of abuser(s).....) try to stop you from seeing friends/family/doctor or others? Comment:				
5. Are you feeling depressed or having suicidal thoughts?				
6. Have you separated or tried to separate from (name of abuser(s).....) within the past year?				
7. Is there conflict over child contact?				
8. Does (.....) constantly text, call, contact, follow, stalk or harass you? <i>(Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.)</i>				
9. Are you pregnant or have you recently had a baby (within the last 8 months)?				
10. Is the abuse happening more often?				
11. Is the abuse getting worse?				
12. Does (.....) try to control everything you do and/or are they excessively jealous? <i>(In terms of relationship, who you see, being "policed at home", telling you what to wear for example. Consider "honour"-based violence and specify behaviour.)</i>				
13. Has (.....) ever used weapons or objects to hurt you?				
14. Has (.....) ever threatened to kill you someone else and you believed them? (If yes, tick who.) You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>				
15. Has (.....) ever attempted to strangle/choke/suffocate/drown you?				
16. Does (.....) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? <i>(If someone else, specify who.)</i>				
17. Is there any other person who has threatened you or who you are afraid of? <i>(If yes, please specify whom and why. Consider extended family if HBV.)</i>				
<p>Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.</p>	Yes	No	Don't know	State source of info if not

Section 4: The Child/ren and Their Family (Consider use of safety planning and FGC)

- Name and age of the child the D/V Perpetrator intends to have / has contact with
- Are they known to Children's Services?
- Details of who they live with and their wider family network
- The D/V Perpetrator's status / relationship to the child.
- Any welfare or developmental issues in respect of the child vulnerability /capacity to protect themselves.
- The level of involvement by the D/V Perpetrator with the child – past and current, frequency, if contact has occurred/is occurring where is it taking place, who else is present, purpose of contact, etc. What level of care giving is undertaken by the D/V Perpetrator?
- The wishes and feelings of the child in relation to contact with this person
- Include a view about whether you think the child's views are freely given or whether they may be under pressure, e.g. from parent wanting a relationship with the D/V Perpetrator.

Information about the main carer of the child:

- Name, date of birth.
- Are they known to GYPS? If so, why?
- What is your assessment of their parenting capacity to protect from harm?
(Please refer to the dimensions of the Core Assessment framework)
- Are there any factors which impact on the parents' / carers' capacity to protect from harm, e.g. physical / mental illness, disability, poor experience of being parented, care history, childhood abuse, history of violence, alcohol, Substance misuse.
(Please refer to the dimensions of the Core Assessment Framework)
- Relationship to the D/V Perpetrator, length of contact.
- Attitude to D/V Perpetrator's previous offence history.
- Consideration and practical arrangements for safeguarding the child
- Social support network of the main carer.
- Social support network of the child within the family.
- Social support network of the child outside of the family, including professional contacts

Section 5: Risk Analysis of Information Obtained

- Assess potentiating Factors inclusive of indicative behaviours, attitudes of D/V Perpetrator / Victim, Child and main carer
- Vulnerability/Resilience factors of D/V Perpetrator / Victim, Child and main carer
- Proactive/ protective factors
- Refer to **“Barnardos Multi Agency Domestic Violence Risk Identification Threshold Scales - Maddie Bell, Barnardos, 2007** – see template within contact procedure guidance pack

Section 6: Support and monitoring systems

- Describe the proposed supervision and monitoring arrangements if contact is assessed to be in the child’s best interests

Section 7: Declaration and Signatures

- Name of Social worker completing assessment
- Signed and dated
- Assistant Team Manager comments and recommendations
- Signed and dated

Section 8: Decision of Team Manager

- Decision
- Comments
- Any further information required
- Monitoring and Reviewing arrangements

Safe Contact Indicator

Derived from:

CONTACT AND DOMESTIC VIOLENCE - THE EXPERTS' COURT REPORT

DR CLAIRE STURGE in consultation with DR DANYA GLASER (2000)

Indicator of safe contact	+	-	Indicator of unsafe contact
Child's wishes & feelings			
Child freely wants contact			Child freely does not want contact
Child has positive memories			Child has negative memories
Pre-separation harm and its impact			
Child has not witnessed violence			Child has witnessed violence
Child is not imitating violent behaviour			Child is imitating violent behaviour
Child is not afraid			Child is afraid
Non abusing parent is not afraid			Non abusing parent is afraid
Prior harm to child is accepted			Prior harm to child is denied
Perpetrator accepts impact on victim			Perpetrator denies impact on victim
Regret is expressed			No expression of regret
Experiences during contact			
No abuse or neglect of child			Abuse or neglect of child
Contact not used to pursue conflict			Contact used to pursue conflict
Non abusing parent is not undermined			Non abusing parent is undermined
Contact is high-quality / reliable			Contact is low quality / unreliable
Safe arrangements are in place			Arrangements are not safe
Clear purpose of contact			
Will maintain a beneficial relationship			No realistic prospect of a beneficial relationship
Will repair a 'broken' relationship			No realistic prospect of repairing a 'broken' relationship
Will contribute to child's identity			No realistic prospect of contributing to child's identity

** Add up the minus's and plus's as a rating **

Analysis of benefits and risks for this child, derived from the above:

Equality Impact Assessment (EqIA) for Policies, Procedures and Services

Proposal name	Contact Procedures		
Directorate	Childrens Services		
Service	Children and Young People		
Responsible Officer	Alison Glover		
EqIA Author	Lisa Harris		
Proposal planning start		Proposal start date (due or actual)	

1	What is the purpose of the proposal?		Yes / No	New / revision
	Policy			
	Procedure		Yes	New
	Internal service			
	External Service		Yes	Revision
	Other - give details			
2	What are the intended outcomes, reasons for change? (The business case)			
3	Who is the proposal potential likely to affect?			
	People in Walsall	Yes / No	Detail	
	All			
	Specific group/s		Foster carers will be expected to assume an increased responsibility for facilitating contact between the children and young people that they care for and their families.	
	Council employees		There will be a reduced demand for the use of sessional workers; Four permanent Contact Workers are in the process of being recruited; and a proportion of the Contact work being undertaken by External Providers.	



	Other																																										
4	Evidence, engagement and consultation (including from area partnerships, where relevant)																																										
4.1	<p>Consultation has taken place with; New Belongings Group (Care Leavers) in order that the new procedures and guidance takes account of their “lived experience” of contact throughout their care experience. Legal Services to ensure that the procedures and guidance meet the requirements of our legal and statutory duties and obligations. Children Services employees, including social workers, managers, sessional staff and contact workers to ensure that the new procedures and toolkit support good practice and decision-making for children, young people and their families.</p> <table border="1"> <tr> <td>Type</td> <td></td> <td>Date</td> <td></td> </tr> <tr> <td>Audience</td> <td colspan="3"></td> </tr> <tr> <td>Protected characteristics</td> <td colspan="3"></td> </tr> <tr> <td>Feedback</td> <td colspan="3"></td> </tr> <tr> <td colspan="4"></td> </tr> </table> <table border="1"> <tr> <td>Type</td> <td></td> <td>Date</td> <td></td> </tr> <tr> <td>Audience</td> <td colspan="3"></td> </tr> <tr> <td>Protected characteristics</td> <td colspan="3"></td> </tr> <tr> <td>Feedback</td> <td colspan="3"></td> </tr> <tr> <td colspan="4"></td> </tr> </table>			Type		Date		Audience				Protected characteristics				Feedback								Type		Date		Audience				Protected characteristics				Feedback							
Type		Date																																									
Audience																																											
Protected characteristics																																											
Feedback																																											
Type		Date																																									
Audience																																											
Protected characteristics																																											
Feedback																																											
4.2	Concise summary of evidence, engagement and consultation (including from area partnerships, where relevant)																																										
5	How may the proposal affect each protected characteristic or group? The affect may be positive, negative or neutral.																																										
	Characteristic	Affect	Reason																																								
	Action needed Y or N																																										
	Age	Neutral	No impact																																								
			N																																								

	Disability	Neutral	No impact	N
	Gender reassignment	Neutral	No impact	N
	Marriage and civil partnership	Neutral	No impact	N
	Pregnancy and maternity	Neutral	No impact	N
	Race	Neutral	No impact	N
	Religion or belief	Neutral	No impact	N
	Sex	Neutral	No impact	N
	Sexual orientation	Neutral	No impact	N
	Other (give detail)			
	Further information			
6	Does your proposal link with other proposals to have a cumulative affect on particular equality groups? If yes, give details below.			(Delete one) No
7	Which justifiable action does the evidence, engagement and consultation suggest you take? (Bold which one applies)			
	A	No major change required		
	B	Adjustments needed to remove barriers or to better promote equality		
	C	Continue despite possible adverse impact		
	D	Stop and rethink your proposal		

Action and monitoring plan				
Action Date	Action	Responsibility	Outcome Date	Outcome

Update to EqlA	
Date	Detail