Pre-visit Checklist

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| Name(s) of children:  |
|   |
| Name of parent: Resident/Non Resident  |
| Date/time of pre visit:  |    | Date/time of first contact session  |   |
| **Confirmation of information given on referral form**  |
| Are the names and ages of children correct? YES NO  |
| Are the name, address and telephone number of parent correct? YES NO  |
| Confirm referral details (please tick when confirmed)  |
| ❑ Solicitor  | ❑ Children’s Services  |
| ❑ CAFCASS Officer  | ❑ Other  |
| Next Court date  |   |
| What is length of time since non-resident parent last:  | a) Met child(ren)  |
| b) Lived with child(ren)  |
| Frequency/place of any previous contacts since parents separated   |
| Does any child have an illness, allergy or special needs of which the Centre needs to be aware?   |
| Who will be bringing the child to the Centre? (Resident parent)  |   |
| Will anyone be accompanying you to the Centre? (Both parents)  |   |
| Are the parents willing to meet?  YES NO  |
| Is there an agreement that the child(ren) can be taken out of the Centre? YES NO  |
| Confirm dates and times for first and subsequent visits to Centre.  |   |
| Are there any issues or allegations on the referral form that need further discussion?  |   |
| **What are the parents’ understanding and expectations of contact?**  |
| Have you informed the parent about: (please tick if informed) * Confidentiality/Impartiality of Centre staff/volunteers
* Parent’s responsibility for the child(ren) at all times
* Principle of always putting child(ren)’s interests first
* The Centre’s rules
* The Centres safety procedures i.e. fire evacuation
* Use of the Centre will be time limited and subject to review
* The importance of notifying the Centre if they cannot attend or arrangements for contact have changed
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| Are there any restrictions regarding the following:  |
| Photos  | Videos  | Presents  |
| Arrangements for leaving afterwards  |  Going out of Centre   |
| **How do the parents feel and do they have any concerns?**  |
| Does the parent have any concerns for his/her own safety? YES NO  |
| If yes, what are they?  |
| Are there any concerns about the effect of the contact visit on the children? YES NO  |
| If yes, what are they?   |
| How do the parents feel about the visits and using a Child Contact Centre?   |
| How is parent feeling about their own relationship with child(ren) and how that may change after contact visits?   |
| Any other concerns?   |
| All the information on this form will remain private and confidential. Signed (on behalf of the Child Contact Centre) Date: Position in organisation  |
| I agree to abide by the rules of the Child Contact Centre and will put the needs of my child(ren) first. I confirm that all the information given on this form is accurate to the best of my knowledge. I have read and understand the privacy policy. Signed: Date:  |