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 | | | | | | | |
| 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: | | | | | | | |