

**Contact Support Referral Form**

|  |
| --- |
| **Contact Information**  |
| **Dates of contact** |  |
| **Times of contact** |  |
| **Commencement date of contact** |  |
| **Region of contact**  |  [ ]  Darwin [ ]  Katherine [ ]  Alice Springs  |
| **Suggested location of contact**  |  |
| **TFHC contact goals** |  |
| **Level of supervision**  |  [ ]  Supervised [ ]  Unsupervised [ ]  Supported |
| **Number of contact facilitators required**  | [ ]  1 (one) Facilitator - (2 children and below)[ ]  (Low Risk) [ ]  (High Risk)[ ]  2 (two) Facilitators (3 or more children)[ ]  (Low Risk) [ ]  (High Risk)(Please note if contact services are sought for 3 or more children, 2 facilitators will be required to facilitate the contact as per our organisational safety policy) |
| **Details of any supervision requirements** |  |
| **Has a risk assessment been completed?** (If any please add additional information that may occur on the risk assessment form on the last page) |  [ ]  Yes [ ]  No  |
| **Has the child/young person’s contact arrangements been documented in their care plan?**  |  [ ]  Yes [ ]  No  |
| **Carer’s contact details** **(If applicable)** | Name: Address:Phone: |
| **TFHC Case Manager** |  |
| **TFHC Case Manager contact number** |  |
| **TFHC Team Leader** |  |
| **TFHC Manager**  |  |
| **Any other emergency numbers to contact** |  |

|  |
| --- |
|  **Child/young person’s Information** |
|  | **Child/young person’s full name**  | **Child/young person’s Age**  | **Date** **of Birth**  | **Complexity Level**  | **Allergies and medical** **issues**  | **Carers name**  |
| **Child 1** |  |  |  |  |  |  |
| **Child 2** |  |  |  |  |  |  |
| **Child 3** |  |  |  |  |  |  |
| **Child 4** |  |  |  |  |  |  |
| **Child 5** |  |  |  |  |  |  |

|  |
| --- |
| **Child/Young Person’s Behaviours and Responding Strategies** |
| **Please provide detailed information on the child/young person’s behaviours and responding strategies if any:** |  |
| **Diagnostic Information****Please Note:** Each specialty service reserves the right to verify diagnosis, as per specific policy |
| **If the child has been diagnosed with any behavioural, developmental, or psychiatric conditions, please list if applicable.** |  |

|  |
| --- |
| **Current Involvement with Other Services** |
| Please indicate if the child/ren is currently accessing any of the following services with other organisations or professionals |
| **Children’s Contact Centre** | [ ]  Yes [ ]  No If YES, please specify:  |
| **Counselling** |  [ ]  Yes [ ]  No  If YES, please specify:  |
| **Psychiatrist** |  [ ]  Yes [ ]  No If YES, please specify:  |
| **Behaviour Support** |  [ ]  Yes [ ]  No  If YES, please specify:  |
| **Please list any other service involvement agencies or professionals** |  |

|  |
| --- |
| **Family Information**  |
| **Name of family members who will be attending** |  |
| **Court order details of contact** |  |
| **Any family background or information to note**  |  |
| **The main language spoken** |  |
| **Preferred language** |  |
| **Is an interpreter for child/ren required?**  |  [ ]  Yes [ ]  No  |

|  |
| --- |
| **Kentish Information**  |
| **The facilitator who will be conducting the contact** |  |
| **Facilitators contact number** |  |
| **Has the facilitator been briefed/handover by the case manager?** |  [ ]  Yes [ ]  No  |

|  |
| --- |
| **TFHC authorisation of contact**  |
| **Person authorising contact** |  |
| **Signature**  |  |
| **Date**  |  |

|  |  |
| --- | --- |
|  | **Risk Assessment** |
| **Activity**  | **Hazard Identified** | **Risk assessment (use matrix)** | **Elimination/control measures** | **Who** | **When** |
| A child leaves the office during contact. | Lost or injured child | Moderate | Vigilant supervision and or, lock the door during contact (Door can be easily unlocked from the inside in the event of fire). | Contact facilitator | After the child and family arrive. |
| Family members arrive that are not on the contact list. | Possible family conflict leads to insecurity and concern for the child. | Moderate | Explain that if they want to come to contact, they need to talk to TFHC first. Invite family members to wait outside and look through the window if appropriate to do so. | Contact facilitator | At the arrival of the family member who is not on the contact list. |
| A parent or family member uses inappropriate force or physical means when guiding children’s behaviour. | The injured child physically and, or emotionally | Moderate | Set clear expectations for contact and model appropriate behaviour guidance.Ask the parent to leave. Reassure children.Mandatory Report incident and inform TFHC.Follow TFHC directions. | Contact facilitator | Set clear expectations on arrival.Report after the parent leaves. |
| The parent/s are on their phone during the duration of their contact and are not engaging with the children | Distressed insecure children | Moderate | Talk to children and families about the expectations and requirements for contact. | Contact facilitator | Set clear expectations on arrival and monitor interactions throughout the visit to support parents to engage with their children. Ensuring this is achieved in a child-focused respectful way. |
| A family member arrives appearing to be intoxicated or under the influence of drugs. | Injured child physically, and, or emotionally | Moderate | Ask the person to leave, respectfully explaining why. Set clear expectations around being sober and healthy for contact. | Contact facilitator | At the time of arrival. |
| A child, parent, or family member has a medical emergency. | Scared, distressed child, parent, or family member.Possible medical implications for the affected person. | Moderate | Have emergency numbers displayed on the wall and always carry a mobile phone. Phone an ambulance or Doctor’s Clinic over the road.Easy access to first aid kit.Contact facilitators all need First Aid Training as a requirement of their job. | Contact facilitator | At the time of a medical emergency. |
| A parent or family member tries to take a child/ren out of the contact office. | Distressed child/ren Injured child physically, and, or emotionally. | Moderate | Set clear expectations about contact limitations.Have emergency numbers displayed on the wall and carry a mobile phone at all times. Call the Police as required. | Contact facilitator | Set clear expectations at time of arrival.Call Police and TFHC at time of incident. |
| A child/parent or family member needs to leave the office to use the bathroom located outside (in the building).  | Possible removal of children from contact visit | Low | The facilitator is to stand at the office door supervising the entry while the bathroom is being used and to usher people back into the office while blocking access to the outside door. | Contact facilitator | For all bathroom visits. |
| A member of the community comes into the office and is abusive or threatening. | Distressed child/ren Injured child physically, and, or emotionally | Moderate | The facilitator calmly ushers the person to the door, then outside the office. Call the Police if necessary. | Contact facilitator | Immediately.  |
| A parent or family member becomes violent during the access visit. | Distressed child/ren Injured child physically, and, or emotionally | Moderate | Child/ren is to be removed from the situation. The facilitator attempts all avenues to calm the situation down. Ask the person to leave, respectfully explaining why. Contact all emergency personnel.  | Contact facilitator | Set clear expectations at time of arrival.Call the Police and TFHC at the time of the incident. |

|  |
| --- |
| **Risk Matrix** |
| **Consequence** |
| **Likelihood** |  | Insignificant | Minor | Moderate | Major | Catastrophic |  |
| Almost certain | Moderate | High | High | Extreme | Extreme |
| Likely | Moderate | Moderate | High | Extreme | Extreme |
| Possible | Low | Moderate | High | High | Extreme |
| Unlikely | Low | Low | Moderate | High | High |
| Rare | Low | Low | Low | Moderate | High |
|  |  |  |  |  |  |