|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | | | | **Office use only** | | |  |
|  |  |  |  | | | | Date Referral received | | |  |
|  |  |  |  | | | | Programme/Contact agreed | | |  |
|  |  |  |  | | | | Interpreter booked | | |  |
|  |  |  |  | | | | Pre-visit | | |  |
|  |  |  |  | | | | 1st contact date | | |  |
|  |  |  |  | | | | Date reviewed | | |  |
|  |  |  |  | | | | Contact end date | | |  |
| **Please complete all sections in full including the risk assessment.**  Please ensure the referral has been agreed with the parents and complies with any court-ordered instructions.  Contact cannot commence until this form has been completed in full and received by the Contact Coordinator, along with the referral fee and all relevant legal documents.  ***All details will be dealt with in strict confidence unless we have written authority to release.*** | | | | | | | | | | |
| **SECTION ONE – REFERRAL DETAILS** | | | | | | | | | | |
| **Professional Worker making the referral:** | | | | | | | | | | |
| **Name:** | | | **Profession and Organisation:** | | | | | | | |
|  | | |  | | | | | | | |
| **Address:** | | | | | | | | | | |
| **Postcode:** | | | | | | | | | | |
| **Telephone:** | | | | | **Mobile:** | | | | | |
|  | | | | |  | | | | | |
| **Email:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Reason for the referral:** | | | | | | | | | | |
| **REFERRAL SUMMARY** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Please indicate which of the following you would like the centre to provide (tick as appropriate):** | | | | | | | | | | |
| **Level One (please see price list for guidance)** | | | | | | | | | |  |
| Supported Contact | | | | | | | | | |  |
| Handed over Contact | | | | | | | | | |  |
| **Level Two (please see price list for guidance)** | | | | | | | | | |  |
| Supervised Contact | | | | | | | | | |  |
| Supervised contact with handover | | | | | | | | | |  |
|  | | | | | | | | | | |
| **Views and expectations of contact or services required:** | | | | | | | | | | |
| Have all parties been informed about this referral **(please delete)?** | | | | | | | | | **YES / NO** | |
| **What are the resident parent’s views and expectations of contact?** | | | | | | | | | | |
|  | | | | | | | | | | |
| **What are the non- resident parent’s views and expectations of contact?** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Child/ren’s Expectations:**  **What are the children’s ages and level of understanding:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Previous Contact** | | | | | | | | | | |
| **Where and when was last contact? (Please provide start and end dates and, if at another contact centre, please provide address)** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Why did contact break down or end?** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **SECTION TWO – FAMILY INFORMATION** | | | | | | | | | | |
| **CHILD/REN’S NAMES:** | | **D.O.B.** | | **Sex** | | | **Ethnicity** | **Who has parental responsibility?** | | |
|  | |  | | **M / F** | | |  | **Mother / father/ other \*** | | |
|  | |  | | **M / F** | | |  | **Mother / father/ other \*** | | |
|  | |  | | **M / F** | | |  | **Mother / father/ other \*** | | |
|  | |  | | **M / F** | | |  | **Mother / father/ other \*** | | |
| **\*If neither parent has parental responsibility please give details:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **RESIDENT PARENT / CARER** | | | | | | | | | | |
| **Name:** | | | | | | | | | | **D.O.B.** |
|  | | | | | | | | | |  |
| **Relationship to child/ren if not parent:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Address:** | | | | | | | | | | |
| **Post Code:** | | | | | | | | | | |
| **Email Address:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Telephone:** | | | | | | **Mobile:** | | | | |
|  | | | | | |  | | | | |
| **Ethnicity:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Does the Resident Parent/Carer have a new partner?**  **If so, please provide name and address of new partner.** | | | | | | | | | | |
| **Name and Address:**  **Post Code:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **NON-RESIDENT PARENT / CARER / OTHER RELATION** | | | | | | | | | | |
| **Name:** | | | | | | | | | | **D.O.B.** |
|  | | | | | | | | | |  |
| **Relationship to child/ren if not parent:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Address:** | | | | | | | | | | |
| **Post Code:** | | | | | | | | | | |
| **Email Address:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Telephone:** | | | | | | **Mobile:** | | | | |
|  | | | | | |  | | | | |
| **Ethnicity:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Does the Non-Resident Parent/Carer have a new partner?**  **If so, please provide name and address of new partner.** | | | | | | | | | | |
| **Name and Address:**  **Post Code:** | | | | | | | | | | |
| **Phone number for emergencies:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **CONFIDENTIALITY:** | | | | | | | | | | |
| **Can either party’s contact details be released to the other party?** | | | | | | | | | | |
|  | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PROFESSIONALS & LEGAL** | | | |
| **Local Authority Involvement:** | | | |
| **Does anyone from the Local Authority Children’s Services Department know the family?**  **If so, please provide the name and address and the capacity in which they know the family.** | | | |
| **Name and Address:**  **Post Code:** | | | |
| **Child/ren involved:** | | | |
| **Child/rens Name/s:** | | | |
| **Nature and date of involvement:** | | | |
|  | | | |
| **Public Law Outline – Court Orders:** | | | |
| **Court Orders:** | **Date issued:** | | **Next Court Date:** |
| **Interim Care Order:**  **Care Order:** |  | |  |
|  | | | |
| **Child Protection Plan in Place? (please delete)** | | **Child Protection Category?** | |
| **YES / NO** | |  | |
| **Venue of Child Protection Meetings** | | | |
| **Address:**  **Post Code:** | | | |
| **Looked after child/ren? (please delete)** | | **YES / NO** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Venue of LAC Review** | | | |
| **Address:**  **Post Code:** | | | |
|  | | | |
| **Previous Convictions / Fact Finding Hearings** | | | |
| **Please give full details of any offenses or findings of fact involving children.**  **Please include domestic abuse, sexual offenses, substance misuse, arson and firearms:** | | | |
| **Name of Adult/s to whom conviction relates:** | | | |
|  | | | |
| **Nature of Allegation/ Conviction e.g. Common Assault:** | | | |
|  | | | |
| **Details of Allegation/Conviction/bail conditions:** | | | |
|  | | | |
| **Date of Conviction if applicable:** | | | |
|  | | | |
| **Private Law/Criminal Law Court Orders:** | | | |
| **Type of Order** | **Court Order /Police**  **Order made to:** | **Date Order Made:** | **Date of next Court**  **Hearing:** |
| **Child Arrangement**  **Order:**  **(Residence Order)** |  |  |  |
| **Child Arrangement**  **Order:**  **(Contact Order)** |  |  |  |
| **Child Arrangement**  **Order:**  **(Special Guardianship**  **Order)** |  |  |  |
| **Child Arrangement**  **Order**  **(Prohibited Steps)** |  |  |  |
| **Non Molestation**  **Order:** |  |  |  |
| **Harassment Order:** |  |  |  |
|  | | | |
| **Special Needs Children:** | | | |
| **Do any of the children involved in the proposed contact have Special Educational Needs or a Disability?** | | | |
| **Child/ren’s Name/s:** | | | |
| **Specific behavioural/learning difficulties: Please give details:** | | | |
|  | | | |
| **Nature of Disability: Please give details:** | | | |
|  | | | |
| **Health and Medical Requirements:** | | | |
| **Do any of the children or adults have any specific requirements relating to illness, impairment, allergies, special needs or other? Please specify.** | | | |
|  | | | |
| **Additional information:** | | | |
| **Are the following permitted? Please detail any restrictions.** | | | |
| **Non-resident parent/carer taking photos: YES / NO** | | | |
| **Non-resident parent/carer taking videos: YES / NO** | | | |
| **Non-resident parent/carer giving presents: YES / NO** | | | |

|  |
| --- |
| **Is/Are the child/ren allowed indirect contact via mobile phone or social media during contact?**  **If so please provide full details:** |
|  |
| **Is there an agreement the child/ren can be taken out of the centre (supported contact only)?**  **If so please give full details below:** |
|  |
|  |
| **SECTION THREE:**  **NB – Only complete Section 3 if this case is going through a legal process regarding contact:** |
| **CAFCASS: Contact Orders and Contact:** |
| **Is there an allocated Cafcass Officer? If so, please complete details below.** |
| **Name of Cafcass Officer:** |
|  |
| **Address:** |
| **Postcode:**  **Postcode:**  **Postcode:**  **Postcode:**  **Post Code:** |
| **Email Address:** |
|  |
| **Phone Number/s:** |
|  |
| **If there is a Court order relating to contact please attach a copy and give a brief outline below:** |
|  |
| **If there are other Court Orders in relation to the child/ren please attach a copy and give a brief outline below:** |
|  |
| **Has a S7 Report been ordered by the Court? (Please delete)** |
| **YES / NO** |
| **If so, when is this due to be submitted?** |
|  |
|  |
| **Solicitors acting for Resident Parent/Adult:** |
| **Name:** |
|  |
| **Address:** |
| **Post Code:** |
| **Phone Number/s:** |
|  |
| **Email Address:** |
|  |
| **Have your services been retained between court appearances?** |
|  |
| **Solicitor for Non-Resident Parent/Adult:** |
| **Name:** |
|  |
| **Address:** |
| **Post Code:** |
| **Phone Number/s:** |
|  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Email Address:** | | | | | | | | | |
|  | | | | | | | | | |
| **Have your services been retained between court appearances?** | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Proposals for Contact:** | | | | | | | | | |
| **Who will be bringing the child/ren to Hope Contact Centre? Please specify the relationship if not the resident parent.** | | | | **Is this specified in the Court Order?** | | | **If ‘NO’ has this been agreed by all parties?** | | |
|  | | | | **YES / NO** | | | **YES / NO** | | |
| **Who will be paying for Contact?** | | | | **Is this specified in the Court Order?** | | | **If ‘NO’ has this been agreed by all parties?** | | |
|  | | | | **YES / NO** | | | **YES / NO** | | |
| **Please give details of the Contact Plan including length of time of each contact session and frequency of contact:** | | | | **Is this specified in the Court Order?** | | | **If ‘NO’ has this been agreed by all parties?** | | |
|  | | | | **YES / NO** | | | **YES / NO** | | |
| **Predicted end date for contact:** | | | | **Is this specified in the Court Order?** | | | **If ‘NO’ has this been agreed by all parties?** | | |
|  | | | | **YES / NO** | | | **YES / NO** | | |
| **Preferred start date:** | | | | **Is this specified in the Court Order?** | | | **If ‘NO’ has this been agreed by all parties?** | | |
|  | | | | **YES / NO** | | | **YES / NO** | | |
| **Are the parents and other adults involved in the contact willing to meet?**  **If not please specify what handover agreement is in place.** | | | | | | | | | |
| **YES / NO** | | | | | | | | | |
| **If the parents and other adults involved in the contact are not willing to meet please specify why:** | | | | | | | | | |
|  | | | | | | | | | |
| **List any conditions specified by the Court that are pertinent to safeguarding and contact:** | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **SECTION FOUR: RISK ASSESSMENT:** | | | | | | | | | |
| **Please indicate which of the following have affected or are continuing to affect the family you are referring and what is the current level of risk:** | | | | | | | | | |
| **Safeguarding**  **children** | **Yes /No /Allegation / Comments** | | **High** | | **Medium** | | | **Low** | **None** |
| **Physical Abuse:** |  | |  | |  | | |  |  |
| **Emotional**  **Abuse:** |  | |  | |  | | |  |  |
| **Sexual Abuse:** |  | |  | |  | | |  |  |
| **Neglect:** |  | |  | |  | | |  |  |
| **Risk of**  **Abduction:** |  | |  | |  | | |  |  |
| **Risk absconding:** |  | |  | |  | | |  |  |
| **Disability/child**  **Illness:** |  | |  | |  | | |  |  |
| **Other Potential**  **Concerns:** | **Yes /No /Allegation / Comments** | | **High** | | **Medium** | | | **Low** | **None** |
| **Domestic**  **Abuse:** |  | |  | |  | | |  |  |
| **Alcohol Abuse:** |  | |  | |  | | |  |  |
| **Drug/Substance**  **Abuse:** |  | |  | |  | | |  |  |
| **Mental Health**  **Issues:** |  | |  | |  | | |  |  |
| **Cultural Issues:** |  | |  | |  | | |  |  |
| **Religious/Faith**  **Issues:** |  | |  | |  | | |  |  |
| **Immigration/**  **Asylum:** |  | |  | |  | | |  |  |
| **Financial Issues:** |  | |  | |  | | |  |  |
| **Medical**  **Condition**  **Adult:** |  | |  | |  | | |  |  |
| **Physical**  **Impairment**  **Adult:** |  | |  | |  | | |  |  |
| **Learning**  **Disability**  **Adult:** |  | |  | |  | | |  |  |
| **Parenting Skills:** | **Yes /No /Allegation / Comments** | | **High** | | **Medium** | | | **Low** | **None** |
| **Basic care:** |  | |  | |  | | |  |  |
| **Emotional**  **Warmth:** |  | |  | |  | | |  |  |
| **Ability to**  **Prioritise the**  **Needs of the**  **Children:** |  | |  | |  | | |  |  |
| **Risk of**  **Violence**  **Towards staff:** |  | |  | |  | | |  |  |
| **Risk of Parental**  **Self Harm:** |  | |  | |  | | |  |  |
| **Other, Please**  **Specify:** |  | |  | |  | | |  |  |
| **Physical Abuse:** |  | |  | |  | | |  |  |
| **Areas of any other Concerns:** | | | | | | | | | |
| **Nature of Concern:** | | | | | | | | | |
|  | | | | | | | | | |
| **Are both parties aware of and in agreement with the referral: (please delete)** | | | | | | **YES / NO** | | | |
|  | | | | | | | | | |
| **ADDITIONAL INFORMATION** | | | | | | | | | |
| **What Language is spoken at home?** | |  | | | | | | | |
| **Is an interpreter required?** | | **YES / NO** | | | | | | | |
| **If yes please give details of your chosen interpreter (include name, organisation and contact details).** | | | | | | | | | |
| **Name:** | | **Organisation and address:** | | | | | | | |
|  | | **Postcode:** | | | | | | | |
| **Telephone number:** | | **Email:** | | | | | | | |
|  | |  | | | | | | | |
| **PLEASE NOTE: If an interpreter is required but you have no preference HOPE Contact Centre will use an interpreter chosen from those accredited by the Local Authority. HOPE Contact Centre will not cover interpreter costs.** | | | | | | | | | |
|  | | | | | | | | | |

**Before sending your referral form, please ensure that you have included the following were applicable (PLEASE TICK):**

**Referral fee**

**Court order󠄀  󠄀**

**Section 7**

**Other relevant documentation**

|  |  |  |
| --- | --- | --- |
| **Signature:** |  | |
| **Name of person making referral:** |  | |
| **Designation:** |  | |
| **Date:** |  | |
|  | | |
| **If two parties (parents or legal professionals) contribute to the same form, please would both parties sign:** | | |
|  | | |
| **Signature:** |  | |
| **Name of person making referral:** |  | |
| **Designation:** |  | |
| **Date:** |  | |
|  | | |
| **Post completed form and associated documents to:** | | **Or email:** |
| **Contact Coordinator,**  **Hope Contact Centre,**  **Hereford Road,**  **Bromyard,**  **Herefordshire**  **HR7 4QU** | | [info@hopefamilycentre.org](mailto:info@hopefamilycentre.org) |

**(please specify)**