|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Office use only** |  |
|  |  |  |  | Date Referral received |  |
|  |  |  |  | Interpreter booked |  |
|  |  |  |  | Pre-visit |  |
|  |  |  |  | 1st Family Time date |  |
|  |  |  |  | Date reviewed |  |
|  |  |  |  | Family Time end date |  |
| **Please complete all sections in full including the risk assessment.** Please ensure the referral is agreed with both parents/carers and complies with any court-ordered instructions. Family Time cannot commence until this form has been completed in full and received by the Child Contact Manager, 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 – FAMILY INFORMATION** |
| **NON-RESIDENT PARENT / CARER / OTHER RELATION MAKING THE REFERRAL:** |
| **Name:** | **D.O.B.** |
|  |  |
| **Address:** |
| **Postcode:** |
| **Telephone:** | **Mobile:** |
|  |  |
| **Email:** |
|  |
| **Relationship to child/ren if not parent:** |
|  |
| **Ethnicity:** | **What Language is spoken at home?** |
|  |  |
| **Is an interpreter required?**  | **Yes** [ ]  **No** [ ]  |
| **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:** |
|  |
|  |
| **RESIDENT PARENT / CARER** |
| **Name:** | **D.O.B.** |
|  |  |
| **Relationship to child/ren if not parent:** |
|  |
| **Address:** |
| **Post Code:**  |
| **Email Address:** |
|  |
| **Telephone:** | **Mobile:** |
|  |  |
| **Ethnicity:** | **What Language is spoken at home?** |
|  |  |
| **Is an interpreter required?**  | **Yes** [ ]  **No** [ ]  |
| **Does the Resident Parent/Carer have a new partner?****If so, please provide name and address of new partner.** |
| **Name and Address:****Post Code:** |
|  |
| **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 \*** |
|  |  | **M / F** |  | **Mother / father/ other \*** |
| **\*If neither parent has parental responsibility please give details:** |
|  |
|  |
| **SECTION TWO – REFERRAL DETAILS** |
| **Please indicate which of the following you would like the centre to provide (tick as appropriate):** |
| **Level One**  |  |
| Supported Family Time  |  |
| Hand over at Family Time  |  |
| **Level Two**  |  |
| Supervised Family Time **(Observed, recorded and report)**  |  |
| Supervised Family Time with handover  |  |
| Have all parties been informed about this referral **(please delete)?** | **Yes** [ ]  **No** [ ]  |

|  |
| --- |
| **Previous Contact** |
| Has this family ever used another Centre? | **Yes** [ ]  **No** [ ]  |
| Name of Centre |  |
| Why did the contact end at this Centre? |

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| **Are any other adults and children allowed to participate in Family Time? Yes** [ ]  **No** [ ]  |
| Names of adults |  |
| Relationship to child |  |
| Specified in the court order? | **Yes** [ ]  **No** [ ]  |

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| **CONFIDENTIALITY:** |
| **Can either party’s contact details be released to the other party?**  |
|  |
| **PROFESSIONALS & LEGAL** |
| **Local Authority Involvement:** |

|  |
| --- |
| **Details of Local authority:** |
| Name of Local Authority |  |
| Name of social worker |  |
| Telephone or Mobile |  |
| Date child/ren became known to children’s services |  |
| Is/Are the child/ren subject to a care order?  | **Yes** [ ]  **No** [ ]  |
| Is/Are the child/ren on a child protection plan? (CPP) | **Yes** [ ]  **No** [ ]  |
| Reason for supervised Family Time? |  |

|  |
| --- |
| **Cafcass Details:** |
| Name of Cafcass Officer: |
| Email address: Telephone number: |
|  |
|  |
| **Solicitor Details for Non Resident Parent:** |
| Name: |
| Address: Post Code: |
| Email address: Telephone number: |
| **Solicitor Details for Resident Parent:** |
| Name: |
| Address: Post Code: |
| Email address: Telephone number: |
| **Court Orders** |
| **Type of Order** | **Children/Adults** **covered under this Order:** | **Date Order Made:** | **Date of next** **Court Hearing:** |
| **Interim Care Order:** |  |  |  |
| **Care Order:** |  |  |  |
| **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:** |  |  |  |
| **Has a S7 report been ordered by the court?**  | **Yes** [ ]  **No** [ ]  |
| **If so, when is this due to be submitted?** |  |

|  |
| --- |
| **Additional information:** |
| **Is/Are the child/ren allowed indirect contact via mobile phone or social media during Family Time?** |
| **Yes** [ ]  **No** [ ] **If so please provide full details:** |
| **Is there an agreement the child/ren can be taken out of the Centre?** |
| **Yes** [ ]  **No** [ ] **If so please provide full details:** |
|  |
| **Health and Medical Requirements:** |
| **Do any of the children or adults have any specific requirements relating to illness, impairment, allergies, additional needs or other? Please specify.** |
|  |
|  |
| **Risk Assessment Form**  |
| **Please indicate which of the following have affected or are continuing to affect the parent or the family you are referring and what the current level or risk is:** |
| **Safeguarding children** | **Low** | **Mid** | **High** | **None** | **More details..** |
| Physical abuse  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Sexual abuse | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Emotional abuse | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Neglect | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Risk of abduction | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Domestic abuse | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Conflict between adults | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Alcohol abuse | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Drugs/substance misuse | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Mental health issues | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Cultural issues | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Religious issues | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Immigration/Asylum  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Financial issues | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Parenting skills | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Risk of violence towards staff | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Risk of self-harm | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Other**(Please specify)** | [ ]  | [ ]  | [ ]  | [ ]  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Proposals for Contact:** |
| **Who will be bringing the child/ren to the Family Time 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 the Family time sessions?**  | **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 each Family Time session and frequency:** | **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** [ ]  |
| **Are the parents and other adults involved in the family time sessions willing to meet?****If no, please specify what handover agreement is in place.** |
|  **Yes** [ ]  **No** [ ]  |

|  |  |
| --- | --- |
| **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:** Familytimecontactcentre@hopefamilycentre.org |
| **Child Contact Manager,****HOPE Centre,****Hereford Road,****Bromyard,****Herefordshire****HR7 4QU** | **Please ensure you have enclosed/attached the following relevant documents:** Referral fee £70 [ ] Court Order [ ] Section 7 [ ] Other documents [ ]   |