|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | **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 – 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 Family Time  |  |
| Hand over required between parents  |  |
| **Level Two (please see price list for guidance)** |  |
| Supervised Family Time  |  |
| Supervised Family Time with handover |  |
|  |
| **Views and expectations of Family Time services required:** |
| Have all parties been informed about this referral **(please delete)?** | **YES / NO** |
| **What are the resident parent’s views and expectations of Family Time?** |
|  |
| **What are the non-resident parent’s views and expectations of Family Time?** |
|  |
| **Child/ren’s Expectations:****What are the children’s ages and level of understanding:**  |
|  |
| **Previous Contact/Family Time**  |
| **Where and when was last contact/Family Time? (Please provide start and end dates and, if at another contact centre, please provide address)** |
|  |
| **Why did contact/Family Time 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 \*** |
|  |  | **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** |
| **Details of Local Authority Involvement:** |
| **Name and address of local Authority**  |
| **Address:****Post Code:** |
| **Name of social worker** |
|  |
| **Telephone** | **Email** |
|  |  |
| **Invoicing address/email** |
|  |
| **Date child/ren became known to children’s services** |  |
| **Details of child/ren involved and nature 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 Family Time contact have Special Educational Needs, illness, allergy or a disability?** |
| **Child/ren’s Name/s:** |
| **Specific behavioural/learning difficulties: Please give details:** |
|  |
| **Nature of illness, allergy or disability: Please give details:** |
|  |
| **Health and Medical Requirements:** |
| **Do any of the adults have any specific requirements relating to illness, impairment, allergies, special needs or other? Please specify.** |
|  |
| **Additional information:** |
| **Is/Are the child/ren allowed indirect contact via mobile phone or social media during Family Time?** **If so please provide full details:** |
|  |
| **Is there an agreement the child/ren can be taken out of the Centre?** **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 Family Time:** |
| **Who will be bringing the child/ren to Family Time? 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 Family Time?** | **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 Family Time:** | **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 no, please specify what handover agreement is in place.** |
|  **YES / NO** |
| **If the parents and other adults involved in the Family Time are not willing to meet please specify why:**  |
|  |
| **List any conditions specified by the Court that are pertinent to safeguarding and Family Time:** |
|  |
|  |
| **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:** |  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Disability/child****Illness:** |  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Other Potential****Concerns:** | **Yes /No /Allegation / Comments** | **High** | **Medium** | **Low** | **None** |
| **Domestic****Abuse:** |  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Conflict between parents:** |  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Alcohol Abuse:** |  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Drug/Substance****Abuse:** |  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Mental Health****Issues:** |  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Cultural Issues:** |  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Religious/Faith****Issues:** |  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Immigration/****Asylum:** |  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Financial Issues:** |  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Risk of absconding:** |  | [ ]  | [ ]  | [ ]  | [ ]  |
| **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 Children’s Needs** |  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Risk of** **Violence** **Towards staff:** |  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Risk of Parental****Self Harm:** |  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Other, Please****Specify:** |  | [ ]  | [ ]  | [ ]  | [ ]  |
| **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 Family Time Contact Centre will use an interpreter chosen from those accredited by the Local Authority.** **HOPE Child Contact will not cover interpreter costs.** |
|  |
| **Before sending your referral form, please ensure you have included the following, where applicable (PLEASE TICK)** |
| **Referral fee** | [ ]  | **Section 7** | [ ]  |
| **Court Order** | [ ]  | **Other relevant documentation (please specify)** | [ ]  |
|  |
| **Please sign** |
|  |
| **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:** |
| **Child Contact Manager,****Hope Centre,****Hereford Road,****Bromyard,****Herefordshire****HR7 4QU** | familytimecontactcentre@hopefamilycentre.org |