

# STANDARD Referral Form (Standard for Supported Contact)

Name of Child Contact Centre: **Avenue Child Contact Centre**



Wherever possible this form needs to be seen and completed by both parties' solicitors and any other professionals involved with the family.

Contact cannot commence until this form has been completed in full and received by the Centre Coordinator.

All information will be treated in the strictest confidence.

**Please print clearly**

Office use only	
Referral received	
Date of Pre-visit	
Date of first contact	
Dates Reviewed	
Contact ended	

<b>1. Referrer</b>		
Name:	Profession:	
Address:		
Postcode:	Telephone:	
<b>2. Children</b>		
Name(s)	Date of birth	Boy = B, Girl = G
<b>3. Adult with whom the child(ren) reside</b>		
Name:		
Relationship to child(ren)		
Address:		
Postcode:	Telephone:	
Solicitor's name:	Solicitor's ref	
Name of practice:		
Address:		
Postcode:	Telephone:	

<b>4. Adult requesting contact</b>			
Name:			
Relationship to child(ren):			
Does this person have legal parental responsibility? (please circle)		Yes	No
Length of time since:	a) They met children		
	b) They lived with children		
Address:			
Postcode:		Telephone:	
Solicitor's name:		Solicitor's ref:	
Name of practice:			
Address:			
Postcode:		Telephone:	
<b>5. CAFCASS, Contact Orders &amp; Contact</b>			
a. Is there an allocated CAFCASS officer? (please circle)		Yes	No
If 'Yes', please give details: Name:			
Name of CAFCASS office:			
Address:			
Postcode:		Telephone:	
b. When and where did contact last take place?			
c. Is there a court order relating to the contact? (please circle)		Yes	No
If 'Yes', please either send a copy or indicate what it specifies.			
d. What other court orders have been made in relation to the child(ren) and when?			
e. If there is no contact order, have the parents agreed that the child can be taken out of the Centre (please circle)		Yes	No
f. What is the next court date (if any)?			

<b>6. Arrival at the Child Contact Centre</b>		
a. Are the parents willing to meet? (please circle)	Yes	No
b. Will the adult with whom the child(ren) reside be bringing them to and collecting them from the Centre? (please circle)	Yes	No
If 'No', who will be bringing / collecting the child(ren)?		
c. What is the preferred date of first contact at the Centre?		
d. How frequently will contact take place? (we are open 2 <sup>nd</sup> & 4 <sup>th</sup> Saturdays)		
e. For how long will each visit last?		
f. Names of other people allowed to participate in contact at the Centre:		
Name	Relationship to child	
<b>7. Information Relating to Safety of the Child</b>		
a. Are there or have there been sexual / child abuse allegations made in this family? (please circle). If 'Yes', please give details (over page)	Yes	No
b. Is this family known to Social Services? (please circle) If 'Yes', please give details (over page)	Yes	No
c. Has any person who will be involved in the contact ever been convicted of an offence against a child(ren)? (please circle)	Yes	No
If 'Yes', please give details		
d. Has there been or is there likely to be a risk of abduction? (please circle)	Yes	No
If 'Yes', are procedures in place for holding passports, etc.	Yes	No
e. Please give details of any allegations, undertakings, injunctions or convictions relating to violence involving either party, their respective families or the children.		
<b>8. Health &amp; Medical Requirements</b>		
a. Do any of the children have any illness, allergy, disability, special needs or medical requirements? (please circle)	Yes	No
If 'Yes', please give details		

b. Do any of the adults involved suffer from long-term physical / mental illness or a disability? (please circle). If 'Yes', please give details	Yes	No
<b>9. Additional Information</b>		
a. What language is spoken at home?		
b. Is an interpreter required? (please circle)	Yes	No
If 'Yes', please give details of the interpreter to be used (include name and organisation if any)		
c. Has this family ever used another Child Contact Centre? (please circle)	Yes	No
If 'Yes, please give details (this Centre may be contacted).		
d. Additional background information (Please use a separate sheet if necessary).		

**I have explained the rules of the Child Contact Centre to my client and given them a copy of the Centre's leaflet / guidelines. This form has been completed accurately and to the best of my knowledge.**

**It is our Centre's policy that we do not write reports for legal representatives or Court proceedings. We also make it clear that we do not expect our volunteers to be called to make Court appearances or statements unless it is relating to safeguarding issues or criminal matters. By signing this referral you are confirming that you agree to this policy.**

**Signed: ..... Date: .....**

**N.B. Only dates and times of families' attendance will be disclosed unless it is felt that anyone using the Child Contact Centre or a volunteer / staff member is at risk of harm.**

**Please return this form to: Nicolette Coleman, Avenue Child Contact Centre, Avenue Baptist Church, Milton Road, Westcliff-on-Sea, Essex, SS0 7JX. Fax: 01702 331024**

## STANDARD Guidelines for Referrers



**All correspondence should be sent to the Centre Co-ordinator:**  
Nicolette Coleman, Avenue Child Contact Centre, Avenue Baptist Church,  
Milton Road, Westcliff-on-Sea, Essex, SS0 7JX. Fax: 01702 331024

Our Child Contact Centre is based at Avenue Baptist Church, and opens from 12:00 – 3:00p.m. on the 2<sup>nd</sup> and 4<sup>th</sup> Saturdays of each month.

Please note that our Child Contact Centre offers **supported contact only**. Supported contact takes place in a variety of neutral community venues where there are facilities to enable children to develop and maintain positive relationships with non-resident parents and other family members. Supported Child Contact Centres are suitable for families when no significant risk to the child or those around the child has been identified.

The basic elements of supported contact are:

- Impartiality
- Staff and volunteers are available for assistance but there is no close observation, monitoring or evaluation of individual contacts/conversations
- Several families are usually together in one or a number of rooms
- Encouragement for families to develop mutual trust and consider more satisfactory family venues
- Apart from attendance dates and times, no detailed report will be made to a referrer, CAFCASS, a party's solicitor or Court, unless there is a risk of harm to the child, parent or Centre worker
- An acknowledgement that it be viewed as a temporary arrangement to be reviewed after an agreed period of time

1. Please do not refer a client without contacting the Child Contact Centre Co-ordinator first to check availability of space and time.
2. A completed referral form should be received by the Centre Co-ordinator at least one week in advance of the date which your client would like contact to commence. Where a Centre has a waiting list, a completed referral form should still be sent, the centre will then notify you when a place becomes available.
3. **Only people named on the referral form will be allowed admittance to the Child Contact Centre.** This may be varied by written agreement by both parties.
4. Parents are responsible for their children at all times whilst they are at the Child Contact Centre.
5. Please ensure that both parents have read and understood the Child Contact Centre's information leaflet in advance of contact starting.
6. To try and maintain a friendly, impartial and confidential environment, we would request that you do not at any time ask to see your clients on our premises without prior agreement.

7. Only dates and times of a family's attendance will be disclosed unless it is felt that anyone using the Centre or a volunteer or member of staff is at risk of harm. In the unlikely event of it becoming necessary to quote a Co-ordinator / Centre Manager in any report, due to a Centre user, volunteer or member of staff being at risk of harm, the form of words used should be checked and agreed with that person concerned beforehand.
8. Child Contact Centres providing Supported Contact will not knowingly accept a referral when somebody involved has been convicted of any offence relating to a) physical or b) sexual abuse of any child, unless there are exceptional circumstances and they have sought appropriate professional advice
9. The Child Contact Centre reserves the right to reduce or terminate contact if it is felt to be in the best interest of the child.
10. Parents should be informed that because the welfare of the child is paramount, there might be times when contact cannot take place if the child is too upset even if there is a contact order.
11. Referrers should make arrangements for the provision of an interpreter where English is not the first language of the family involved and problems may arise with communication.
12. The Centre should be viewed as a temporary facility to help establish contact. The Child Contact Centre will be asking for your assistance to review the family's progress after six months.
13. ***Please notify the Child Contact Centre Co-ordinator if the arrangements for contact are going to change or if contact is going to cease.***