****

**THE LINK WORK**

**CONTACT CENTRE**

**Supervised Contact**

**Referral Form**

|  |  |
| --- | --- |
| **Address:** | **The Convent11 Bridge Gate****Derby****DE1 3AU** |
|  |  |
| **Telephone No:** | **01332 242525** |
| **Email:** | **linkworkchildcontactcentre@womens-work.org.uk** |

**Coronavirus Safety Measures:**

The service you are being offered has been fully risk assessed under our Covid-19 Safety Plan and measures have been put in place to ensure you and your family are protected.  The health and safety of our customers and staff is of paramount importance.

We will update our guidance and advice in line with the UK Government, CAFCASS (Children and Family Court Advisory Support Service) and NACCC (National Association of Child Contact Centres).

**Please note: The safety and protection of your child(ren) is of paramount importance.  We may have to act outside of our Covid-19 guidelines if we believe your child is at risk.  We aim to maintain social distancing, however, in the event of an emergency this may not be possible.**

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**Referrer**

|  |  |
| --- | --- |
| Referrer name |  |
| Profession |  |
| Organisation |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Mobile |  |
| Fax |  |
| Email |  |

## **Child(ren) being referred**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Child 1 | Child 2 | Child 3 | Child 4 |
| Name  |  |  |  |  |
| Date of birth |  |  |  |  |
| Age |  |  |  |  |
| Gender |  |  |  |  |
| Ethnicity |  |  |  |  |
| Telephone |  |  |  |  |
| School, contact name & tel. no. |  |  |  |  |
| Contact number for the child if direct contact is appropriate |  |
| Child’s address |  |
| Postcode |  |

## **Who do the child(ren) live with?**

|  |  |
| --- | --- |
| Name |  |
| Relationship to child(ren) |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Ethnicity / Cultural origin |  |
| Religion |  |
| Who has parental responsibility? |  |

**Family**

## **Siblings**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Child 1 | Child 2 | Child 3 | Child 4 |
| Name |  |  |  |  |
| Date of birth |  |  |  |  |
| Age |  |  |  |  |
| Gender |  |  |  |  |
| Ethnicity |  |  |  |  |
| Living with |  |  |  |  |

## **Mother**

|  |  |
| --- | --- |
| Name |  |
| Relationship to child(ren) |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| **(!)** If an email address is given, **please inform your client** that this is the method of communication we will use |
| Email |  |
| Ethnicity / Cultural origin |  |
| Religion |  |

## **Mother’s Partner**

|  |  |
| --- | --- |
| Name  |  |
| Parent of child? |  |
| Lives with child? |  |

## **Mother’s Solicitor**

|  |  |
| --- | --- |
| Solicitor’s name |  |
| Solicitor’s ref. |  |
| Name of practice |  |
| Address |  |
| Postcode |  |
| Telephone  |  |
| Email address |  |

## **Father**

|  |  |
| --- | --- |
| Name |  |
| Relationship to child(ren) |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| (!) If an email address is given, please inform your client that this is the method of communication we will use |
| Email |  |
| Ethnicity / Cultural origin |  |
| Religion |  |

## **Father’s Partner**

|  |  |
| --- | --- |
| Name  |  |
| Parent of child? |  |
| Lives with child? |  |

## **Father’s Solicitor**

|  |  |
| --- | --- |
| Solicitor’s name |  |
| Solicitor’s ref. |  |
| Name of practice |  |
| Address |  |
| Postcode |  |
| Telephone  |  |
| Email address |  |

# **Issues**

|  |  |
| --- | --- |
| Does the child(ren) have **regular contact** with **both parents?** |  |
| If not, **which parent** are they **not in contact** with? |  |
| **How long** since the child(ren) **last saw** the parent? |  |
| **How long** since the child(ren) **lived with** the parent? |  |
|  |  |
| Please give any **other information** about this situation you might be aware of  |  |
| Other information relating to **parenting** |  |
| Other information relating to **housing** |  |

# **Involvement of other services**

We understand that many other professional agencies may be involved with the family. Please indicate in the allocated sections who the CAFCASS officer / Guardian and / or Social Worker is (if there is one) and **give details of other agencies (e.g. CAMHS, counselling etc.) in the Additional Information section**

## **CAFCASS Officer**

|  |  |
| --- | --- |
| Is there an allocated CAFCASS Officer? |  |
| Name |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Email |  |
| **Guardian** |
| Is there an allocated **guardian?** |  |
| Name |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Email |  |
| **Social Worker** |
| Is there an allocated **Social Worker?** |  |
| Name |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Email |  |

## **Social Services**

|  |  |
| --- | --- |
| Currently |  |
| Historically |  |
| Name of Social Worker |  |

|  |  |
| --- | --- |
| Is there a **court order** relating to the contact? |  |
| **(!)** Please attach a copy of the order / details to the referral |

## **Child Protection**

|  |  |
| --- | --- |
| Have the child(ren) been registered on the **Child Protection Register?** |  |
| Please give details |  |

## **Court Orders**

|  |  |
| --- | --- |
| What other court orders have been made in relation to the child(ren), and when? |  |
| Court reference |  |
| Please give details |  |

## **Early Help**

|  |  |
| --- | --- |
| Has an **Early Help** been completed for a child? If so, please give **name and contact number** of the **Lead Worker** |  |

# **Risk Assessment**

## **Safeguarding Children**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Who | Yes / No / Allegation | High | Low |
| Physical abuse |  |  |  |  |
| Sexual abuse |  |  |  |  |
| Emotional abuse |  |  |  |  |
| Neglect |  |  |  |  |
| Risk of abduction |  |  |  |  |

## **Other Potential Concerns**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Who | Yes / No / Allegation | High | Low |
| Domestic abuse |  |  |  |  |
| Conflict between adults |  |  |  |  |
| Alcohol abuse |  |  |  |  |
| Drug / substance abuse |  |  |  |  |
| Mental health issues |  |  |  |  |
| Cultural issues |  |  |  |  |
| Religious issues |  |  |  |  |
| Financial issues |  |  |  |  |
| Medical condition  |  |  |  |  |
| Physical condition |  |  |  |  |
| Learning difficulties |  |  |  |  |
| Parenting skills |  |  |  |  |
| Involvement of other family members in the contact |  |  |  |  |
| Risk of violence towards staff |  |  |  |  |
| Risk of self-harm |  |  |  |  |
| Risks regarding home visits |  |  |  |  |
| Other? Please specify  |  |  |  |  |
| Areas of concern |  |

# **Health, Medical and Developmental Information**

|  |  |
| --- | --- |
| Do any of the children have any **illness, allergy, disability, special needs or medical requirements**? *Please give details* |  |
| Are any of the children on the **Educational Special Needs Register?** |  |
| *Please give details* of any **specific behaviour / learning difficulties** |  |
| Do any of the **adults** involved suffer from **long-term physical / mental illness or a disability?** *Please give details* |  |
| Are there any **children currently on or in need of medication?** *Please give details* |  |

# **Arrival at the Centre**

|  |  |
| --- | --- |
| Are the parents **willing to meet**?  |  |
| Will the **adult** with whom the **children reside** be **bringing** them to and **collecting** them from the Centre? **If no,** *please provide details below:* |  |
| Name |  |
| Relationship |  |
| **Emergency** contact telephone |  |
| Can contact be started **immediately?** If not, please provide preferred contact start date: |  |

# **Agreement**

**Please confirm that the following have been agreed by both adults, referrers and solicitors:**

|  |  |
| --- | --- |
| Contact has **been agreed** to take place at |  |
| **Frequency** |
| Weekly |  |
| Fortnightly |  |
| Monthly |  |
| **Duration** |
| 1 hour |  |
| 2 hours |  |

|  |  |  |
| --- | --- | --- |
|  | Name | Relationship to child |
| **Other person** allowed to participate in contact **(1)** |  |  |
| **Other person** allowed to participate in contact **(2)** |  |  |
| **Other person** allowed to participate in contact **(3)** |  |  |
| **Other person** allowed to participate in contact **(4)** |  |  |

# **Additional Information**

|  |  |
| --- | --- |
| What **language** is **spoken at home**? |  |
| Is an **interpreter required?** Please give details **inc. name and organisation** |  |
| Has this family ever used a **Child Contact Centre?** Please give details |  |
| Does the **child consent to counselling,** if appropriate? |  |
| Additional Information: (Please use a separate sheet, if necessary) |  |

# **Solicitor’s Declaration**

|  |  |
| --- | --- |
| Has the child you have referred been **known to CAFCASS?** |  |
| If so, are you aware of the **outcome of that involvement?** |  |
| Has **CAFCASS** ever concluded that **contact** between child referred and parent **should not take place?** |  |
| Signed |  |
| Name |  |
| Position |  |
| Date |  |

**This form has been completed accurately and to the best of my knowledge
and I can confirm that the family have been made aware of this referral.**

|  |  |
| --- | --- |
| Signed |  |
| Date |  |

Please email to **linkworkchildcontactcentre@womens-work.org.uk** Thank you.