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| --- | --- | --- |
| **OFFICE USE ONLY**  | **KW** |  |
| Date Referral received: |  |
| Date of acknowledgement: |  |
| Service Required: |  |
| Contact arrangements: |  |
| Does NRP have PR? |  |
| Fee payer: |  |

**Text  Description automatically generated****REFERRAL FORM**

|  |  |
| --- | --- |
| **1. Please indicate below which of the following services you would like Voice of the Child to provide:** | **🗸** |
| Supervised Contact - (Contact Report provided) |  | Supported Contact  |  |
| Escorted Community Contact - (Contact Report provided) |  | Mediation |  |
| Indirect Contact |  | Life Story/Identity Contact |  |
| Contact Assessment |  | Domestic Abuse - work with victims, perpetrator programmes and children |  |
| **What are the principal reasons for wanting this contact or service(s)?** |
| **a.** |  |
|  |
| **b.** |  |
|  |
| **c.** |  |
|  |
| **d** |  |
|  |

**Views and expectations of contact or services required.**

|  |  |
| --- | --- |
| **2.** Please indicate what the adults’ views and expectations of contact or services required are |  |
|  |
|  |
| Where their age and level of understanding allows, please indicate what the child/ren’s views and expectations of contact are: |  |
|  |
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|  |

**3. Child/ren (**Please see Ethnic Codes)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name(s)**  | **Age** | **Date of Birth** | **Male/Female** | **Ethnicity** |
|  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- |
| 1) Black African | 2) Afro Caribbean | 3) Black Mixed Percentage | 4) Black British | 5) White UK | 6) UK Irish |
| 7) Polish | 8) Bengali (Bangladeshi) | 9) Indian | 10) Pakistani | 11) Chinese | 12) SE Asian (Vietnamese) |
| 13) Arabic | 14) Turkish | 15) Cypriot | 16) Turkish/ Cypriot  | 17) European  | 18) Other (inc. mixed percentage) |

 |
| **4. Adult requesting contact** | **Name:** |  |
|  | **Relationship to Child/ren** |  |
| Does this person have legal parental responsibility? | Yes 🗆 No 🗆 (please clarify) |
| Address: |  | Mobile | Email |
|  |  |
| Length of time since: | a) They met child/ren: |  |
| b) They lived with child/ren: |  |
|  |  |  |  |
| Solicitor’s name: |  | Name of Practice: |  |
| Email |  | Landline/Mobile |  |
|  |  |  |
| **5. Adult the child/ren reside with** | **Name:** |  |
|  | **Relationship to Child/ren** |  |
| Does this person have legal parental responsibility? | Yes 🗆 No 🗆 (please clarify) |
| Address: |  | Mobile  | Email  |
|  |  |
| Solicitor’s name: |  | Name of Practice: |  |
| Email: |  | Landline/Mobile: |  |
|  |
| **6. Has there been any professional involvement in Child Contact Proceedings?**  |
| a. i.e., CAFCASS, Social Services ? | Yes 🗆 | No 🗆 |
| b. Are they currently involved ? \*Continue overleaf if you require more space | Yes 🗆  | No 🗆 |
| Name: |  | Position: |  |
| Email: |  | Contact number: |  |
| Name: |  | Position: |  |
| Email: |  | Contact number: |  |
| Name: |  | Position: |  |
| Email: |  | Contact number: |  |
| c. When/Where did contact last take place. Who with? |  |
| d. Is there a court order relating to the contact arrangements?  | Yes 🗆  | No 🗆   |
| * If ‘Yes’, please send a copy of the current Court Order with your referral form
 | **Who is the fee payer?** |  |
| **What is the Child Contact Arrangements to be facilitated (Duration, Frequency, how many sessions)?** |
|  |
|  |
| **Are there any agreements or restrictions relating to the taking of photographs, giving of gifts or food to the children?** |
|  |
|  |
|  |
| e. Are there any other court orders/professional recommendations have been made in relation to the child/ren and when? |  |
| f. Can the child/ren be taken out of the Centre?  | Yes 🗆 | No 🗆 |
| g. What is the next court date (if any)? \* Please keep us updated |  |
| h. What type of Court Proceeding? |  |

|  |  |  |
| --- | --- | --- |
| Are any of the children involved in the proposed contact or services currently on the Child Protection Register?  | Yes **🗆** | No **🗆** |
| Child/ren name(s): |  |
|  |
| Category: |  |
| Date registered: |  |
| Date of next conference: |  |
| Are any of the children involved in the proposed contact or services currently on the Educational Special Needs Register?  | Yes **🗆** | No **🗆** |
| Child/ren name(s): |  |
|  |
| Specific behavioural/learning difficulties: |  |
|  |
|  |
|  |
| Date registered: |  |
| Do any of the children involved in the proposed contact or services have a Common Assessment Entry?  | Yes **🗆** | No **🗆** |
| If yes, please give details: |  |
|  |
|  |
| Are any children subject to a care plan? | Yes 🗆 | No 🗆 |
| If yes, please give details: |  |
|  |
| **What other agencies are the family known to and or been involved with?** |
| Name of Agency: |  | Email  |  |
| Name of worker: |  | Telephone |  |
| Nature of involvement: |  |
|  |
| Dates of involvement: |  |

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| **7. Arrival at the Child Contact Centre** |
| a. Are the parents willing to meet if necessary? | Yes 🗆 | Yes 🗆 |
| b. Are there any non-molestation Orders currently in place?  | Yes 🗆 Exp date: | No 🗆 |
| c. Will the resident be bringing and collecting the child/dren from the Centre?  | Yes 🗆 | No 🗆 |
| d. If ‘No’, who will be bringing / collecting the child/ren?\* they will require ID  |  |
| e. What is the preferred date of first contact at the Centre? |  |
| f. Additional people “allowed” to participate in contact at the Centre (2max)(Subject to Court Order / Professional Representative)  |  |
| Name: | Relationship to child: |
|  |  |
|  |  |
|  |  |
|  |
| **8. Information Relating to Safety of the Child** |
| a. Are there or have there been sexual / child abuse allegations made in this family?  | Yes 🗆 | No 🗆 |
| b. Has any person who will be involved in the contact ever been convicted of an offence against the child/ren?  | Yes 🗆 | No 🗆 |
| If ‘Yes’, please give details |  |
|  |
|  |
| c. Has there been or is there likely to be a risk of abduction?  | Yes 🗆 | No 🗆 |
| If ‘Yes’, are procedures in place for holding passports, etc.  | Yes 🗆 | No 🗆 |
| d. Please give details of any allegations, undertakings, injunctions or convictions relating to violence involving either party, their respective families, or the children. |
|  |
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| **9. Health & Medical Requirements** |
| 1. Do any of the CHILDREN have any illness, allergy, impairment, special needs or medical requirements? If ‘Yes’, please give details
 | Yes 🗆 | No 🗆 |
|  |
|  |
| 1. Do any of the adults involved suffer from long-term physical / mental illness or impairment? If ‘Yes’, please give details
 | Yes 🗆 | No 🗆 |
|  |
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| **10. Language** |
| a. Will all conversations be spoken in English? | Yes 🗆 No 🗆 |
| b. Will you be providing your own professional interpreter? | Yes 🗆 | No 🗆 |
| If ‘Yes’, please give details of the interpreter to be used (include name and professional organisation )\*We may be able to appoint one at a cost to the fee payer |
| Name: |  | Company: |  |
| Email: |  | Landline/Mobile: |  |
| c. Has this family ever used another Child Contact Centre?  | Yes 🗆 | No 🗆 |
| If ‘Yes, please give details (this Centre may be contacted). |
| Name of Centre | Email | From | To | Why was contact stopped? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Risk Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| **The child/dren** | **Which Child** | **High** | **Low** |
| Physical Abuse Sexual Abuse: |  | 🗆 | 🗆 |
| Emotional Abuse: |  | 🗆 | 🗆 |
| Neglect: |  | 🗆 | 🗆 |
| Risk of Abduction: |  | 🗆 | 🗆 |
| **Other potential concerns** | **Further information** | MOTHER | FATHER | MOTHER | FATHER  |
| Domestic abuse: inc. Physical & Sexual |  | 🗆 | 🗆 | 🗆 | 🗆 |
| Conflict between adults:  |  | 🗆 | 🗆 | 🗆 | 🗆 |
| Alcohol abuse:  |  | 🗆 | 🗆 | 🗆 | 🗆 |
| Drug/substance abuse:  |  | 🗆 | 🗆 | 🗆 | 🗆 |
| Mental health issues:  |  | 🗆 | 🗆 | 🗆 | 🗆 |
| Cultural issues: |  | 🗆 | 🗆 | 🗆 | 🗆 |
| **Other potential concerns** | **Further information** | MOTHER | FATHER | MOTHER | FATHER  |
| Religious issues:  |  | 🗆 | 🗆 | 🗆 | 🗆 |
| Immigration / asylum: |  | 🗆 | 🗆 | 🗆 | 🗆 |
| Financial issues:  |  | 🗆 | 🗆 | 🗆 | 🗆 |
| Medical condition(s) |  | 🗆 | 🗆 | 🗆 | 🗆 |
| Physical impairments adult/child:  |  | 🗆 | 🗆 | 🗆 | 🗆 |
| Learning difficulties  |  | 🗆 | 🗆 | 🗆 | 🗆 |
| Parenting skills:  |  | 🗆 | 🗆 | 🗆 | 🗆 |
| Involvement of other family members in the contact: |  | 🗆 | 🗆 | 🗆 | 🗆 |
| Risk of violence towards staff:  |  | 🗆 | 🗆 | 🗆 | 🗆 |
| Risk of self-harm: |  | 🗆 | 🗆 | 🗆 | 🗆 |
| Other (please specify): |  | 🗆 | 🗆 | 🗆 | 🗆 |
| Other (please specify): |  | 🗆 | 🗆 | 🗆 | 🗆 |

|  |
| --- |
| **Please use this space for additional information.** |

On receipt of this referral a Family Support Worker will be in contact within 7 business days.

**N.B**. Only dates and times of family’s attendance will be recorded during each visit.

If it is felt that anyone using the Child Contact Centre proves to be of risk to others or verbally abusive, they will be asked to leave the premises and contact will be immediately suspended pending investigation.

Please return this form to: **VOICE OF THE CHILD**

Address: Unit 8,Beacontree Plaza, Gillette Way, Reading, RG2 0BS

Email: admin@voiceofthechild.org