****

**Referral Form for Carrickfergus and Larne Child Contact Centre**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Carrickfergus Centre (and admin office): Larne Centre:**  13 West Street Greenland Community Centre  Carrickfergus 162a Old Glenarm Road  BT38 7AR Larne  07853938881 BT40 1TS  Carrickfergus Weekly opening hours:  Wednesday 2.30-4.30pm  Thursday 4-6pm  Saturday 10-3pm  Larne Weekly opening hours:  Saturday 10am-12  (WAITING LIST MAY APPLY TO BOTH CENTRES AT TIME OF REFERRAL) | | | | | | | | | | | | | | | | | | |  |
| 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.  If the form is not completed in full it will be returned and will result in a delay in the commencement of contact.  All information will be treated in the strictest confidence.  **Please print clearly** | | | **Office use only** | | | | | | | | | | | | | | | | |
| **Referral received** | | | | | | | | | |  | | | | | | |
| **Date of pre-visit**  **(parent with residence)** | | | | | | | | | |  | | | | | | |
| **Date of pre-visit**  **(non-resident)** | | | | | | | | | |  | | | | | | |
| **Date of first contact** | | | | | | | | | |  | | | | | | |
| **Dates reviewed** | | | | | | | | | |  | | | | | | |
| **Contact ended** | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | |  | | | | | | |
| **1. Children** | | | | | | | | | | | | | | | | | | | |
| Name(s) | | | | Age | | | | Date of birth | | | | | | | | Boy (B), Girl (G) | | | |
|  | | | |  | | | |  | | | | | | | |  | | | |
|  | | | |  | | | |  | | | | | | | |  | | | |
|  | | | |  | | | |  | | | | | | | |  | | | |
|  | | | |  | | | |  | | | | | | | |  | | | |
| **2. Adult requesting contact** | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | D.O.B | | | | | | | | | | | | | |
| Relationship to child(ren): | | | | | | | | | | | | | | | | | | | |
| Does this person have legal parental responsibility? (please circle) | | | | | | | | | | | | | |  | | |  | | |
| Length of time since: | a) They met children – | | | | | | | | | | | | | | | | | | |
|  | b) They lived with children- | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Postcode: | | | Telephone: | | | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | | | | |
| Emergency Contact Person Details: | | | | | | | | | | | | | | | | | | | |
| Solicitor’s name: | | | | | | | | | | Solicitor’s ref: | | | | | |  | | | |
| Name of practice: | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Postcode: | | | | | | | | | | | | | | | | | | | |
| Email: | | | Telephone: | | | | | | | | | | | | | | | | |
| **3. Adult with whom the child(ren) resides** | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | D.O.B. | | | | | | | | | | | | |
| Relationship to child(ren): | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Postcode: | | | Telephone: | | | | | | | | | | | | | | | | |
| Email: | | | | | | | | | |  | | | | |  | | | | |
| Emergency Contact Person & Details: | | | | | | | | | |  | | | | |  | | | | |
| Solicitor’s name: | | | | | | | | | | Solicitor’s ref | | | | |  | | | | |
| Name of practice: | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Postcode: | | | | | | | | | | | | | | | | | | | |
| Email: | | | Telephone: | | | | | | | | | | | | | | | | |
| **4. Referrer** | | | | | | | | | | | | | | | | | | | |
| Name: | | | Profession: | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Postcode: | | | | | | | | | | | | | | | | | | | |
| Email: | | | Telephone: | | | | | | | | | | | | | | | | |
| **5. Court Welfare Officer/Social Worker, Contact Orders & Contact** | | | | | | | | | | | | | | | | | | | |
| a. Is there an allocated Court Welfare Officer / Social Worker? (please circle) | | | | | | | | | | | | | | | |  | |  | |
| If ‘Yes’, please give details: Name: | | | | | | | | | | | | | | | | | | | |
| Name of Social Services 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) | | | | | | | | | | | | | | | |  | |  | |
| If ‘Yes’, please send a copy: | | | | | | | | | | | | | | | | | | | |
| d. Have any other court orders been made in relation to the child(ren)?  Please attach/forward a copy: | | | | | | | | | | | | | | | | | | | |
| e. Can the child(ren) be taken out of the Centre? (please circle) | | | | | | | | | | | | | | | |  | |  | |
| f. What is the next court date (if any)? | | | | | | | | | | | | | | | | | | | |
| **6. Arrival at the Child Contact Centre** | | | | | | | | | | | | | | | | | | | | |
| a. Are the parents willing to meet? (please circle) | | | | | | | | |  | | |  | | | | | | | | |
| b. Will the adult with whom the child(ren) resides be bringing them to and collecting them from the Centre? (please circle) | | | | | | | | |  | | |  | | | | | | | | |
| If ‘No’, who will be bringing / collecting the child(ren)? | | | | | | | | | | | | | | | | | | | | |
| c. Is there any reason why presents cannot be given to the children? | | | | | | | | | | | | | | | | | | | | |
| d. Does any court order exist restricting the taking of photographs?  N.B. Photographs can be taken of the child(ren) in line with our photographic policy (attached) unless a court order prohibits this. Videos/recordings are not permitted. | | | | | | | | | | | | | | | | | | | | |
| e. What is the preferred date of first contact at the centre? Please state which centre.  N.B. Contact cannot commence until both clients have attended the pre-visit appointments. | | | | | | | | | | | | | | | | | | | | |
| f. How frequently will contact take place? | | | | | | | | | | | | | | | | | | | | |
| g. How long will the visit last? | | | | | | | | | | | | | | | | | | | | |
| h. Names of other people allowed to participate in contact at the Centre: | | | | | | | | | | | | | | | | | | | | |
| Name | | Relationship to child | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | |
| **7. Information Relating to Safety of the Child** | | | | | | | | | | | | | | | | | | | | |
| a. Are there or have there been sexual / child abuse allegations made in this family? (please circle). If ‘Yes’, please give details (over page) | | | | | | | | |  | | |  | | | | | | | | |
| b. Is this family known to Social Services? (please circle)  If ‘Yes’, please give details (over page) | | | | | | | | |  | | |  | | | | | | | | |
| c. Has any person who will be involved in the contact ever been convicted of an offence against a child(ren)? (please circle)  of an offence against a child(ren)? (please circle) | | | | | | | | |  | | |  | | | | | | | | |
| If ‘Yes’, please give details | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| d. Has there been or is there likely to be a risk of abduction? (please circle) | | | | | | | | |  | | |  | | | | | | | | |
| If ‘Yes’, are procedures in place for holding passports, etc. (please circle) | | | | | | | | |  | | |  | | | | | | | | |
| e. Are there any other details of any allegations, undertakings, injunctions or convictions relating to violence involving either client, their respective families or the children?  N.B. The Coordinator will assess the suitability of a referral for a supported contact centre, subject to a risk assessment. Failure to disclose any information pertaining to these matters will result in a referral not being accepted or contact being stopped. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **8. Health & Medical Requirements** | | | | | | | | | | | | | | | | | | | | |
| 1. Do any of the children have any illness, allergy, impairment, special needs   or medical requirements? (please circle) If ‘Yes’, please give details | | | | | | | | |  | | | YES NO | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 1. Do any of the adults involved suffer from long-term physical / mental illness or an impairment? (please circle) If ‘Yes’, please   give details | | | | | | | | |  | | |  | | | | | | | | |
| 1. Do any of the adults involved have any drug/alcohol addictions? | | | | | | | | | | | | | | | | | | | | |
| 1. If Yes please give details. | | | | | | | | | | | | | | | | | | | | |
| **9. Additional Information** | | | | | | | | | | | | | | | | | | | | |
| a. What language is spoken at home? | | | | | | | | | | | | | | | | | | | | |
| b. Is an interpreter required? | | | | |  | | | | | |  | | | | | | | | | |
| 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? y | | | | |  | | | | | |  | | | | | | | | | |
| If ‘Yes, please give details (this Centre may be contacted). | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| N.B. Failure to disclose this information will result in a referral not being accepted or contact being stopped. | | | | | | | | | | | | | | | | | | | | |
| 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.**

Signed:

Date:

**N.B. Only dates and times of family’s 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:**

The Coordinator, Carrickfergus and Larne Child Contact Centre, YMCA Building, 30-34 Irish Quarter West, Carrickfergus BT38 8AT **or by email to:** contact@carrickccc.co.uk

**Guidelines for Referrers**

**All correspondence should be sent to the address shown above**

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 several, 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, Court Children’s Officer, 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 Coordinator first to check availability of space and time.
  2. A completed referral form must be received by the Centre Coordinator at least **one week in advance of the date which your client would like contact to commence.** The Coordinator will contact your client to arrange an individual pre-visit meeting. 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. In exceptional circumstances, ‘over the phone’ referrals will be considered. **In line with GDPR 2016 referrers should ensure that clients are aware that personal information will be shared with Carrickfergus and Larne Child Contact Centre.**
  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 while they are at the Child Contact Centre. Under no circumstances will the Centre accept unaccompanied children for contact.
  5. Please ensure that both parents, and any other parties attending for contact, 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 Coordinator / 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 Centers 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. In the event that information comes to light regarding criminal convictions, investigations or any history of violence that was not disclosed at referral the Contact Centre reserves the right to terminate contact. The Contact Centre should be advised of all such information, including addictions/mental health difficulties at the referral stage to enable an appropriate risk assessment.
  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 Coordinator if the arrangements for contact are going to change or if contact is going to cease