

## Contact Details

## Referrer (who is completing this form)

|  |  |
| --- | --- |
| Referrer name and role: |  |
| Referrer address and postcode: |  |
| Telephone: |  |
| Email: |  |

**Family Details** Child(ren)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name(s)** | **Age** | **Date of Birth** | **Male/ Female** | **Ethnicity** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Who does the child live with?** |  | | | |
| **Who has parental responsibility?** |  | | | |

## Adult with Whom the Child Lives

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Relationship to child(ren): |  | | |
| Address: |  | | |
| Postcode: |  | Ethnicity: |  |
| Telephone: |  | Mobile: |  |

#### Partner

|  |  |  |
| --- | --- | --- |
| **Does the adult with whom the child lives with have a live in partner?** | |  |
| Name: |  | |

## 

## Adult with Whom the Child Does Not Live

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Relationship to child(ren): |  | | |
| Address: |  | | |
| Postcode: |  | Ethnicity: |  |
| Telephone: |  | Mobile: |  |

**Partner**

|  |  |  |
| --- | --- | --- |
| **Does the adult with whom the child does not live have a live in partner?** | |  |
| Name: |  | |

|  |
| --- |
| **Has this referral been seen and approved by both parents? Please ensure it has when making a self referral or referral by a solicitor.** |
| **Signed Referrer:**  **Position:** |

**Please return your completed form to** [**ProContact@canw.org.uk**](mailto:ProContact@canw.org.uk) **We may not accept this referral. We may ask for further information regarding this referral. Please see website for up to date service avalibility in realtion to Covid-19.** [**http://canw.org.uk/pro-contact/**](http://canw.org.uk/pro-contact/)

## Solicitors

## Adult with Whom the Child Lives

|  |  |  |  |
| --- | --- | --- | --- |
| Solicitor’s Name: |  | | |
| Practice: |  | | |
| Address: |  | | |
| Postcode: |  | | |
| Email: |  | | |
| Telephone: |  | Mobile: |  |

#### Adult with Whom the Child Does Not Live

|  |  |  |  |
| --- | --- | --- | --- |
| Solicitor’s Name: |  | | |
| Practice: |  | | |
| Address: |  | | |
| Postcode: |  | | |
| Email: |  | | |
| Telephone: |  | Mobile: |  |

**Cafcass**

|  |  |
| --- | --- |
| **Is there an allocated Cafcass officer?** |  |
| Name and address of allocated Cafcass officer: | |
| **Have Cafcass made previous recommendations for this family?** | |
| What were the recommendations? | |

**Services required**

|  |  |
| --- | --- |
| Please see website for full details | **Please tick** |
| **Indirect Contact** |  |
| Indirect Contact post box |  |
| Indirect Contact support (session with child) |  |
| Indirect Contact support (session with parent with whom the child lives) |  |
| Indirect Contact support (session with parent staying in touch with the child) |  |
| **Direct Contact** |  |
| Supervised Contact (various times) |  |
| Video Contact Conference |  |
| **Other Sessions** |  |
| Preparation for Contact Children |  |
| Preparation for Contact Parents |  |
| Dispute Resolution work |  |

## Proposals for Sessions

|  |  |
| --- | --- |
| Number of sessions required: |  |
| Frequency of sessions required: |  |
| Preferred start date to commence: |  |
| Who will bring/collect the child? |  |
| Are the parents willing to meet? |  |
| If the parents and other adults involved in the sessions are not willing to meet please indicate why (court orders, domestic abuse etc). | |

|  |  |  |
| --- | --- | --- |
| Are any other adults and or child(ren) allowed to be in the sessions? | |  |
| Names of adults: |  | |
| Relationship to child(ren): |  | |
| Names of child(ren): |  | |
| Relationship to child(ren): |  | |

#### What is the overall aim of the sessions?

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#### Are written recordings required if so what is the purpose of such recordings? Please note written recordings double the cost of sessions (see finance section). Written recordings are not provided for supported contact and supported handovers.

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#### Please comment on the following:

|  |
| --- |
| Adults’ views / expectations of referral/any contact: |
| Children’s views / expectations of referral/ any contact: |

## Previous Contact

|  |  |
| --- | --- |
| **When and where did contact last take place?** | |
| **Who was involved in this contact?** | |
| **Why did it break down?** | |
| **Has this family ever used another centre?** |  |
| Name of centre and dates used: |  |
| **Why did the contact end at this centre?** | |

## Other Information

|  |  |
| --- | --- |
| **Do any of the children or adults involved in the sessions have any special needs or requirements relating to illness, impairment, allergies, special needs or other?** (please specify) | |
| Children: |  |
| Adults: |  |

## Diversity needs

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| --- | --- |
| Are there any specific diversity needs? |  |
| If yes please specify below | |
|  | |

## Language/interpreter requirements

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| --- | --- |
| **Will an interpreter be required?**  (Only professional interpreters can be used) |  |
| Language spoken: |  |
| **Who will provide and pay for the interpreter?** |  |

#### Background Details

#### Court Orders

|  |  |
| --- | --- |
| Is there a court order for this referral? | |
| Name(s) of child(ren) or adult(s) to whom the order relates: | |
| Type of order (child arrangement, care, residence, contact, parental responsibility, specific issues, prohibited steps, injunctions or other), please specify: | |
| Court making order: |  |
| Date order made: |  |
| Date of next court hearing: |  |

## Previous Convictions / Findings of Fact

|  |  |
| --- | --- |
| Please give full details of any offences or findings of fact involving children, domestic abuse, sexual offences, drugs, arson and firearms. | |
| Name of adult to whom conviction relates: |  |
| Nature of conviction: |  |
| Details of conviction: |  |
| Date of conviction: |  |

## Local Authority Involvement

|  |  |  |
| --- | --- | --- |
| **Does one or more local authority Children’s Services Departments know the family? Present or Historical involvement.** | |  |
| Name of authority: |  | |
| Name of worker: |  | |
| Child(ren) involved: |  | |
| Nature of involvement: |  | |
| Dates of involvement: |  | |

|  |  |  |
| --- | --- | --- |
| **Are any of the children involved in the sessions currently subject to a Child Protection Plan or other Local Authoirty involvement?** | |  |
| Child(ren)’s name(s): |  | |
| Category: |  | |
| Date registered: |  | |
| Date of next conference: |  | |

|  |  |  |
| --- | --- | --- |
| **Are any of the children involved in the proposed CCI currently on the Educational Special Needs Register?** | |  |
| Child(ren)’s name(s): |  | |
| Specific behavioural/learning difficulties: | | |
| Date registered: |  | |

**What other agencies are the family known to and or been involved with?**

|  |  |
| --- | --- |
| Name of agency: |  |
| Name of worker: |  |
| Nature of involvement: |  |
| Dates of involvement: |  |

## Risk Assessment

**PLEASE COMPLETE ALL SECTIONS**

**Please provide further detail and information regarding Risk Assessment if Yes/Allegation has been identified:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 | Please indicate | | |
| High | Low | None |
| Physical Abuse: |  |  |  |  |
| Sexual Abuse: |  |  |  |  |
| Emotional Abuse: |  |  |  |  |
| Neglect: |  |  |  |  |
| Risk of Abduction: |  |  |  |  |
| **Other potential concerns** | | | | |
| Domestic abuse: |  |  |  |  |
| Conflict between adults: |  |  |  |  |
| Alcohol abuse: |  |  |  |  |
| Drug/substance abuse: |  |  |  |  |
| Mental health issues: |  |  |  |  |
| Cultural issues: |  |  |  |  |
| Religious issues: |  |  |  |  |
| Immigration / asylum: |  |  |  |  |
| Financial issues: |  |  |  |  |
| Medical condition adult/child: |  |  |  |  |
| Physical impairments adult/child: |  |  |  |  |
| Learning difficulties adult/child: |  |  |  |  |
| Parenting skills: |  |  |  |  |
| Involvement of other family members in the contact: |  |  |  |  |
| Risk of violence towards staff: |  |  |  |  |
| Risk of volatile behaviour: |  |  |  |  |
| Risk of self harm: |  |  |  |  |
| Other (please specify): |  |  |  |  |

**Further detail and information regarding Risk Assessment:**

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| --- |
|  |

**Finance**

Please find below details of prices for the services offered by Pro-Contact and suggested payment plans. The referral fee is £100.00 and is non-refundable. If a self-referral or a referral from a solicitor is made there are likely to be costs to the parents, this is known as a spot purchase. There is a £50 internal transfer fee from Supervised to Supported Services.

|  |  |
| --- | --- |
| Supervised Contact  Indirect Contact support (session with child)  Indirect Contact support (session with parent)  Preparation for Contact | £100 for a 2 hour session.  For written recordings add £100 per session.  For shorter sessions £100 is still charged. |
| Indirect Post Box | £12.00 per exchange (one item each way) and £22.00 for parcels. |
| Dispute Resolution Work | £150 per session which includes:  • a summary report of what was achieved in  the session.  • a completed Parenting Plan with agreements  at the end of all of the sessions. |
| Video Conference Contact | £25 for up to 30 minutes.  £50 for up to 60 minutes.  For written recordings the session cost is doubled. |

It is the responsibility of the named person on the referral to ensure payment for the sessions that have been requested. As a charity, we rely on prompt payment and we will not undertake any work until fees are paid. Payment needs to be received by 9am one week before each appointment otherwise the appointment will be cancelled and the further appointments may also be cancelled. If appointments are on a Saturday, payment must be received by 9am on the Friday, one week before.

**Payment is made as follows:**

Bank Transfer **Account Name: Child Action Northwest**

**Sort Code: 05-02-52**

**Account Number: 22738925**

**Bank: Yorkshire Bank**

**Your Reference: Your Full Name**

**Name of person who will be paying for the service:**

|  |
| --- |
|  |

**Availability for Sessions**

**(Supported Contact / Handover is at a set time so if using this service we do not need your availability)**

PLEASE COMPLETE THIS PAGE IN FULL

Whilst we will endeavour to accommodate your availability, we also need to take into account staff availability and availability of other parties. We therefore ask that you are flexible in identifying your availability.

**Availability of child – to be completed by parent with whom the child lives**

Please indicate the slots, which the child is **able** to attend.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| After School |  |  | Video conference contact only |  |  |  |  |

Please indicate any dates, which you know in advance you will be unable to attend (e.g. holidays, pre-arranged appointment etc).

|  |
| --- |
|  |

**Availability of visiting parent if applicable – to be completed by parent with whom the child does not live**

Please indicate the slots, which you are able to attend.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| After School |  |  | Video conference contact only |  |  |  |  |

Please indicate any dates, which you know in advance you will be unable to attend (e.g. holidays, pre-arranged appointment etc).

|  |
| --- |
|  |

