Guidelines for Referrers

When completed, please return this form to:

helen@loughboroughchildcontactcentre.org.uk

Should you need a **postal address**, please email the above address or phone 07932 195229

Our Child Contact Centre is based at Emmanuel Old Church Hall, LE11 3NW and is open every Saturday afternoon from 1.45pm-4.00pm.

Please note that our Child Contact Centre **offers supported contact only.** We do not offer supervised (1:1) contact and do not write reports. 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.
- Several families are usually together in one or a number of rooms.
- Staff and volunteers are available for assistance but there is no close observation, monitoring or evaluation of individual contacts/conversations.
- Apart from attendance dates and times, no detailed report will be made to a referrer, parent, solicitor or Court, unless there is a risk of harm to the child, parent or Centre worker.
- Encouragement for families to develop mutual trust and consider more satisfactory family venues.
- An acknowledgement that it be viewed as a temporary arrangement to be reviewed after an agreed period of time.

1. A completed referral form should be received by the Centre Coordinator one week in advance of the date the family would like contact to commence.

2. 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.

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. To try and maintain a friendly, impartial and confidential environment, we ask that any professionals wishing to be present at a session get prior agreement from us.

6. 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.

7. 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.

8. 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.

9. 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.

10. Please notify the Child Contact Centre Coordinator if the arrangements for contact are going to change or if contact is going to cease.

This Centre is a Member of the National Association of Child Contact Centres and operates in accordance with its National Standards for Child Contact Centres. We have working policies on the following:

- Safeguarding
- Health and Safety.
- Domestic Violence and abuse
- DBS checks
- Toys
- Security Incident
- Whistleblowing
- Privacy

Confidentiality
Volunteers
Equal Opportunities and abuse
Recruitment of ex-offenders
Data Protection
Information Security
Sustainability

All these policies are available to view at the Centre or by request. There is also a Complaints procedure, which can be used should there be any problems.

LOUGHBOROUGH CHILD CONTACT CENTRE RULES

- Parents are responsible for the safety and supervision of their children at all times while at the Contact Centre and also for all personal belongings.
- No child may be left without a parent in attendance – unless there is an agreement that a volunteer should hand your child over from one parent to the other.
- A child may be taken out of the Contact Centre during a visit only if it is so stated on the referral form or with the written consent of both parents.
- Relatives and friends – other than the parents, can only attend if they are named on the referral form.
- There must be no arguing in front of the children. Abusive, disruptive or aggressive behaviour and offensive remarks will not be tolerated. Any visitor acting in this way will be asked to leave.
- Anyone who is unfit to look after children because they are under the influence of – or carrying, alcohol or drugs will not be allowed to use the Contact Centre.
- There is a no smoking policy on the premises; parents may not leave the premises for a smoke during a contact visit.
- We encourage visiting parents to switch off their mobile phones whilst in the Contact Centre.
- Please respect the facilities provided and the privacy and confidentiality of other users.
- At all times, access to the Contact Centre is by prior appointment only.

Loughborough Child Contact Centre

STANDARD Referral Form for Supported Contact

- Wherever possible this form needs to be seen and completed by both parties' solicitors and any other professionals
- 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	

1. Children			
Name(s)	Age	Date of birth	Boy (B), Girl (G)

2. Adult requesting contact	
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:	
Email:	Telephone:
Solicitor's name:	Solicitor's ref:
Name of practice:	
Address:	
Postcode:	
Email:	Telephone:

3. Adult with whom the child(ren) reside	
Name:	
Relationship to child(ren):	
Address:	
Postcode:	
Email:	Telephone:
Solicitor's name:	Solicitor's ref:
Name of practice:	
Address:	
Postcode:	
Email:	Telephone:

4. CAFCASS, Contact Orders & Contact		
a. Has there been any CAFCASS involvement? (please circle)	Yes	No
b. Is there an allocated CAFCASS officer? (please circle)	Yes	No
If 'Yes', please give details: Name:		
Name of CAFCASS office:		
Address:		
Postcode:		
Email:	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.		
c. What other Court Orders have been made in relation to the child(ren) and when?		
d. Can the child(ren) be taken out of the Centre? (please circle)	Yes	No
f. What is the next court date (if any)?		

5. Arrival at the Child Contact Centre		
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?		
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

6. 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)	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) 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. (please circle)	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.		

7. Health & Medical Requirements		
a. Do any of the children have any illness, allergy, impairment, special needs or medical requirements? (please circle) If 'Yes', please give details	Yes	No
b. Do any of the adults involved suffer from long-term physical / mental illness or an impairment? (please circle) If 'Yes', please give details	Yes	No
8. Additional Information		
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).		

If parent completed: **I have read the rules of the Contact Centre**

If professional completed: **I have explained the rules of the Contact Centre to my client**

All: **This form has been completed accurately and to the best of my knowledge.**

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.