**Professional Referral**

|  |  |
| --- | --- |
| **Date of Referral** |  |
| **Area of Local Authority** |  |

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24. **Referrer Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Practitioner Name** |  | **Job Title** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone** |  |
| **Email** |  |

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| **Team Manager** |
| **Name** |  |
| **Number** |  |
| **Email** |  |

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| --- |
| **Out of Hours** |
| **Number** |  |

1. **Parent/Carer(s) Details**

**Parent/Carer A:**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Phone Number(s)** |  |
| **Email** |  |
| **Relationship with Child(ren)** |  |

**Parent/Carer B:**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Phone Number(s)** |  |
| **Email** |  |
| **Relationship with Child(ren)** |  |

**Parents/Carers/Other - Who Will Bring/Collect the Child(ren):**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Phone Number(s)** |  |
| **Email** |  |
| **Relationship with Child(ren)** |  |

**Other Family Members Involved:**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Phone Number(s)** |  |
| **Email** |  |
| **Relationship with Child(ren)** |  |

**Other Family Members Involved:**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Phone Number(s)** |  |
| **Email** |  |
| **Relationship with Child(ren)** |  |

1. **Child(ren)’s Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name(s)** | **Age** | **Date of Birth** | **Male / Female** | **Ethnicity & Religion** |
|  |  |  |  |  |
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| --- | --- |
| **Who do child(ren) live with?** |  |
| **Who has parental responsibility?**  |  |

1. **Family Background**

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| **Background information including family history, parenting upbringing, children’s previous care. (Please State)** |
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| **What is the referrers evidence (CPR category; abuse/allegations, mental health illness, abduction) indicating that the child(ren) needs professional supervision?** |
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1. **Health and Medical Requirements**

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| **Do any of the children or adults involved in the contact or services have any special needs or requirements relating to illness, impairment, allergies, special needs or other? (please specify)** |
| **Child(ren)** |  |
| **Adults** |  |

1. **Language/Interpreter Requirements**

|  |  |
| --- | --- |
| **Language spoken.** |  |
| **Will an interpreter be required? Yes/No** |  |
| **Who will provide and pay for the interpreter?**  |  |

1. **Nature of Service(s) Required**

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| --- | --- |
| **Please indicate which of the following you would like the centre to provide** | **Please Cross ‘X’** |
| **Supervised Contact (Observed, Recorded, and Reported)** |  |
| **Community Contact** |  |
| **Supported Contact** |  |
| **Handovers** |  |

1. **What are the Principal Reasons for Wanting this Service?**

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1. **Views and Expectations of Services Required**

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| Please answer Yes or No and provide any further details necessary. |
| **1. Can the parent/carer/other assist the child/ren in using the toilet, if needed?** |  | Are they to be always supervised?  |
| **2. Can the parent/carer/other change nappies, if needed?**  |  | TFS cannot dispose of nappies.  |
| **3. Are electronic devices (phone, smart watch) permitted in contact?** |  |  |
| **4. If yes, can photos or videos be taken?**  |  |  Recordings must remain child focussed.  |
| **5. Can the parent/carer/other provide gifts e.g., toys, books etc be given?**  |  | Please specify; is there a cost/quantity/occasion |
| **6. Can the parent/carer/other provide snacks, lunch, drinks?** |  | Please specify:  |
| **7. Can the parent/carer/other go to the park with the child/ren with a Contact Supervisor?** |  | Park located opposite TFS Centre. Any activity restrictions:  |
| **8. Are additional family members allowed at contact - In person or video call?**  |  | If subject to court order **the terms are as follows:**   |

1. **Previous Contact/Handover Sessions**

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| --- | --- |
| **Has there been previous contact? Yes / No** |  |
| **When and where did contact/handover last take place?** |  |
| **Who was involved in this contact/Handover?** |  |
| **Why did it breakdown?** |  |
| **Name of centre and dates used.** |  |
| **Why did the contact end at this centre / or is it ongoing?**  |  |

1. **Proposal for Services**

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| --- | --- |
| **Frequency of sessions required** |  |
| **Length of sessions** |  |
| **Specified in a court order: Yes/No** |  |
| **Specified by a referrer: Yes/No** |  |

|  |  |
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| **Preferred start date of sessions** |  |
| **Specified in a court order: Yes/No** |  |
| **Specified by a referrer: Yes/No** |  |

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| **Can the child(ren) be taken out of the centre? Yes/No****(*Including to the park adjacent to TFS centre*)** |  |

1. **Court Orders**

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| **Is there a court order? (Yes / No)**  |  |
| **Name(s) of child(ren) or adult(s) to whom the order relates** |  |
| **Type of order (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** |  |

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| **Please state what contact and/or other services are proposed for the children including any conditions defining contact laid out in any extant Court Order. Please ensure that a copy of that Court Order is attached. Include the start date for assessment for contact, frequency, and duration of proposed contact visits, who can attend and any other conditions that will apply.** |
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1. **Confidentiality**

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| **Can the adult requesting contact/services know or be given contact details relating to the adult with whom the children live? Can the adult with whom the children live know or be given information relating to the adult having contact? (Provide Details Below)** | **Yes/No** |  |
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| **Are the parents and carers involved in the contact willing to meet? Yes/No** |  |
| **If the parents and other adults involved in the contact are not willing to meet, please indicate why** |  |
| **If yes, please indicate what has been agreed or ordered by the court** |  |

1. **Previous Convictions / Findings of Fact**

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| --- | --- |
| **Are there previous convictions / findings of fact? (Yes / No )**  |  |
| **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** |  |
| **Date of conviction** |  |
| **Details of conviction** |  |

1. **Child Protection and Educational Special Needs**

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| --- | --- |
| **Are any of the children involved in contact or services currently on the Child Protection Register? Yes / No** |  |
| **Child(ren)'s name(s)**  |  |
| **Category** |  |
| **Date registered** |  |
| **Date of next conference** |  |

|  |  |
| --- | --- |
| **Are any of the children involved in contact or services currently on the Educational Special Needs Register? Yes / No** |  |
| **Child(ren)'s name(s)** |  |
| **Specific behavioural/learning difficulties** |  |
| **Date registered** |  |

1. **Risk Assessment**

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| **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 (Please cross ‘X’)** |
| **Safeguarding Children** | **Yes / No / Allegation** | **Current / Historic** | **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 self-harm |  |  |  |  |  |

1. **Other professionals involved (Include Social Worker, Cafcass reporter, Probation Officer, Children’s Guardian)**

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| --- | --- | --- |
| **Full Name** | **Organisation**  | **Email / Phone Number** |
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1. **Solicitors Information**

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| --- | --- |
| **Is contact with either party’s solicitor necessary? (If yes, please indicate why)** | **Yes / No** |
|  |  |

1. **Solicitors Details (if applicable)**

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| --- | --- |
| **Practice** |  |
| **Solicitors Name** |  |
| **Phone Number(s)** |  |
| **Email**  |  |
| **Address** |  |
| **Postcode** |  |

1. **Referral Agreement**

This Referral Agreement and the Terms & Conditions attached hereto, constitute a legally enforceable contract between Tidal Family Support Contact Centre, the person/s making the referral and the parents, other relatives, or friends who are seeking contact with the child or children involved.

The referrer must:

* Share the Terms & Conditions attached with all relevant parties.
* Provide current and up to date contact information and maintain this throughout the service provided.
* Engage with service users and Tidal Family Support to form a contact schedule where necessary.
1. **List Any External Documents Provided**

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| **In the box below please list any additional/external documents provided** |
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1. **Fees and Charges**

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| --- | --- |
| **Referral Fee** | **£100.00** |
| One session with the resident parent to visit the Centre and discuss and agree Terms & Conditions of the contact. The children are also invited to the Centre to meet the contact supervisor, volunteers and to familiarise themselves with the contact room and toys etc. |
| One session with the non-resident parent, to discuss and agree the terms and conditions of contact. |
| Only after the contact Terms & Conditions have been agreed and signed by both parents, and the full referral fee paid in full, can the first contact be scheduled. |
| Cancellation requires a **minimum of 24 hours’ notice** prior to the contact commencing. Failure to provide this may result in 100% of the fees being chargeable.  |
| In cases where invoices become overdue may incur a late payment charge of **£45.00** per invoice. |

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| **Costs of Contact – Includes all observation notes electronically** |
| **Supervised** | £35.00 per hour per child plus £20.00 per hour for additional supervisor where 3 or more children are present. |
| **Community** | £35.00 per hour per contact plus £20.00 per hour for the additional supervisor required. |
| **Supported** | £30.00 per hour per child. |
| **Handover** | £15.00 per handover each way in the centre. |

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| **Invoicing and Payment Details – Please provide** |
| **Purchase Order Number** |  |
| **Finance Department Details**  |
| **Name (if applicable)** |  |
| **Telephone** |  |
| **Email (*essential*)** |  |
| **Address** |  |

1. **Acceptance of Terms and Conditions and Indemnity Statement**

We have read and understood the "Terms and Conditions of Tidal Family Support” and agree to the terms and conditions set out in them. Should we fail to abide by them, we understand that our contact/contact arrangements may be suspended or stopped. We understand that his may be subject to review meetings but that the final decision will be at the discretion of Tidal Family Support Centre and in accordance with the policies and procedures thereof.

We understand that whereas Centre staff will do their best to ensure that the terms and conditions of Tidal Family Support Centre are adhered to, they cannot guarantee this. It is the duty of all those who sign this agreement to abide by it.

In consideration of your agreement to allow us to use your facilities at Tidal Family Support Centre on the dates agreed, we hereby indemnify you, your servants or agents for any liability any of you may incur (whether under any express or implied terms of The Agreement or at common law or in any other way) for any loss or damage of whatever nature arising out of or connected with the provisions of the facilities under The Agreement.

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| **To be signed by all parents/relatives seeking to use the contact or other services proposed in the Agreement, or, where children/young persons referred are looked after by a Local Authority/County council, by the relative/s seeking contact and by the allocated social worker.** |

|  |
| --- |
| **Referrer** |
| Full Name |  |
| Signed / Initialled  |  |
| Date |  |

|  |
| --- |
| **Parent/Carer A** |
| Full Name |  |
| Signed / Initialled  |  |
| Date |  |

|  |
| --- |
| **Parent/Carer B** |
| Full Name |  |
| Signed / Initialled  |  |
| Date |  |

**Please note that this agreement form cannot be accepted unless accompanied by the previous pages of the Agreement.**

**Once this referral form has been completed, please return it to** **info@tidalfamilysupport.org.uk** **where it shall then be processed.**