

## Guidelines for Referrers



NATIONAL ASSOCIATION OF  
CHILD CONTACT CENTRES

The Coordinator

### Brighton & Hove Child Contact Centre

Salvation Army  
1-6 Park Crescent Terrace  
Brighton  
BN2 3HD

Tel: 07850 310544

email: [contactbhccc@googlemail.com](mailto:contactbhccc@googlemail.com)

The Brighton & Hove Child Contact Centre supported contact sessions:

**Saturdays (fortnightly)** - morning session: 11am to 1pm, afternoon session: 2pm to 4pm in the Salvation Army Congress Hall. We also provide a handover service during this session.

**Monday mornings (weekly, except for Bank Holidays)** - 10am to 12pm in the Salvation Army Congress Hall. Please note that this session is specifically for pre-school age children.

**Fees:** 12 sessions of supported contact costs £75 or 12 sessions of facilitated handovers costs £50. Please note that this fee is non-refundable and non-negotiable. Please make cheques payable to The Salvation Army.

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 Centre's are suitable for families where 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 more rooms.
- Families are encouraged 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, CAFCASS, a party's solicitor or Court, unless there is a risk of harm to the child, parent or Centre worker. However, the Brighton and Hove Child Contact Centre may verbally give 'factual' information about contact to relevant practitioners in order to manage the appropriate use of the contact environment, and to ensure that contact is child centered.
- The Coordinator reserves the right to conclude contact arrangements at the Centre where continued contact at the Centre is considered not to be in the best interests of the child.
- We do not allow third party observations at the Contact Centre.
- An understanding that the Contact Centre's service be viewed as a temporary arrangement to be reviewed after an agreed period of time.

## Guidelines

1. Please do not refer a client without contacting the Child Contact Centre Coordinator first to check availability of space and time. Where the Centre has a waiting list, a completed referral form should still be sent, and the Centre will then notify you when a place becomes available.
2. The referral form will only be processed on receipt of the required referral fee.
3. Please include all parties' contact phone numbers so that staff is able to process the referral as quickly as possible. **If phone numbers or addresses need to be kept confidential, please supply this information in a separate covering letter.**
4. It is the responsibility of the referring agent to ensure that both parties are aware of the referral form process, that they understand its contents, and that it is fully completed with signatures obtained from **both parties and/or their representatives.**
5. It is the responsibility of the referring agent to ensure payment matters have been discussed and agreed prior to requesting any supported contact sessions.
6. Pre-visit appointments are felt to be necessary in order to confirm that the details on the referral form are correct and to alert staff to any major concerns that clients might have regarding use of the Contact Centre. Pre-visits also allow families to familiarise themselves with the environment and ethos of the Centre. At the pre-visits each parent will be asked to confirm that they will abide by the rules of the Contact Centre, that they will put the needs of their child(ren) first and that the information they gave on the pre-visit form is accurate to the best of their knowledge.
7. If it is felt to be either necessary or appropriate, permission will be sought from the parents to contact any individual or agency who is mentioned on the referral form or during the pre-visit interviews.
8. If the family has been allocated a CAFCASS officer, the officer's name **must** be included on the referral form and /or if the family is known to Social Services this **must** also be divulged on the referral form.
9. Only people named on the referral form will be allowed entry to the Child Contact Centre. This may be varied by written agreement by both parties.
10. Parents are responsible for their children at all times while they are at the Child Contact Centre.
11. Both parents should have read and should understand the Child Contact Centre's information leaflet in advance of contact starting.
12. To try and maintain a friendly, impartial and confidential environment, we would request that referrers do not at any time ask to see their clients on the Contact Centre's premises.
13. Only schedules of dates and times of a family's attendance will be supplied in a written format, 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 or 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 beforehand.
14. Child Contact Centre's 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.

15. The Contact Centre reserves the right to reduce or terminate contact if it is felt to be in the best interest of the child.
16. 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.
17. 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.
18. The Contact Centre should be viewed as a temporary facility to help establish contact. The Centre will be asking for the referrer's assistance to review the family's progress after six months.
19. Please notify the 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 and Child Protection
- Confidentiality
- Health and Safety
- Domestic Violence
- Equal Opportunities and Diversity
- Volunteers
- CRB Disclosures
- Complaints Procedure

All are available to view at the Centre or by request. Please contact the Coordinator on 07850 310544.

**Thank you for your co-operation**

**Please return this form to: The Co-ordinator**

## **Brighton & Hove Child Contact Centre**

Salvation Army  
1-6 Park Crescent Terrace  
Brighton  
BN2 3HD

Tel: 07850 310544



email: [contactbhccc@googlemail.com](mailto:contactbhccc@googlemail.com)

This form must be seen and completed by both parties' solicitors.

**Contact cannot commence until this form has been completed in full and the referral fee has been received by the Centre Coordinator.**

**12 contact sessions: £75**

**12 facilitated handovers: £50**

**Please note that this fee is non-refundable and non-negotiable. Please make all cheques payable to The Salvation Army.**

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	

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1. Referrer		
Name:	Profession:	
Address:		
Postcode:	Telephone:	
2. Children		
Name(s)	Date of birth	Boy = B, Girl = G
3. Adult with whom the child(ren) reside		
Name:		
Relationship to child(ren)		
Address:		

		<b>Postcode:</b>	
<b>Telephone:</b>		<b>Emergency No:</b>	
Solicitor's name:		Solicitor's ref:	
Name of practice:			
Address:			
Postcode:		Telephone:	
<b>4. Adult requesting contact</b>			
<b>Name:</b>			
<b>Relationship to child(ren):</b>			
<b>Does this person have legal parental responsibility? (Please circle)</b>		<b>Yes</b>	<b>No</b>
<b>Length of time since:</b>	<b>a) They met children</b>		
	<b>b) They lived with children</b>		
<b>Address:</b>			
<b>Postcode:</b>	<b>Telephone:</b>	<b>Emergency No:</b>	
Solicitor's name:		Solicitor's ref:	
Name of practice:			
Address:			
Postcode:		Telephone:	
<b>5. CAFCASS, Contact Orders &amp; Contact</b>			
<b>a. Is there an allocated CAFCASS officer? (Please circle)</b>		<b>Yes</b>	<b>No</b>
If 'Yes', please give details: Name:			
Name of CAFCASS office:			
Address:			
Postcode:		Telephone:	
b. When and where did contact last take place?			
<b>c. Is there a court order relating to the contact? (Please circle)</b>		<b>Yes</b>	<b>No</b>
If 'Yes', please either send a copy or indicate what it specifies.			

d. What other court orders have been made in relation to the child(ren) and when?		
e. If there is no contact order, have the parents agreed that the child can be taken out of the Centre. (Please circle)		
Yes	No	
f. What is the next court date (if any)?		

<b>6. Arrival at the Child Contact Centre</b>		
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	
<b>7. Information Relating to Safety of the Child</b>		
If it is felt to be either necessary or appropriate, permission is sought from the parents for the Contact Centre Coordinator to contact any individual or agency who is mentioned in this referral.		
a. Are there or have there been <b>sexual/child abuse allegations</b> made in this family? (please circle). If 'Yes', please give details (over page).		Yes      No
b. Is this family known to <b>Social Services</b> ? (please circle) If 'Yes', please give details (over page)		Yes      No
c. Has any person who will be involved in the contact ever been <b>convicted or is currently under investigation of an offence against a child(ren)</b> ? (please circle)		Yes      No
If 'Yes', please give details		
Name of Social Worker/ Team:		

d. Has there been or is there likely to be a <b>risk of abduction</b> ? (please circle)	Yes	No
If 'Yes', are procedures in place for holding passports, etc.	Yes	No
e. Please give details of any allegations, undertakings, injunctions or convictions relating to <b>Domestic Violence</b> involving either party, their respective families or the child(ren).		
d. Has any adult to use the Centre under the terms of this referral, been convicted of any criminal offence? (Please give details)		
<b>8. Health &amp; Medical Requirements</b>		
a. Do any of the children have any illness, allergy, disability, special needs or medical requirements? (Please circle)	Yes	No
If 'Yes', please give details		
b. Do any of the adults involved suffer from long-term physical/mental illness or a disability? (Please circle).	Yes	No
If 'Yes', please give details.		
c. Are there any issues related to alcohol or substance misuse?	Yes	No
If 'Yes', please give details.		
<b>9. Additional Information</b>		
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).		

