

**Connecting Adoptive Families Independent Service**

**(CAFIS)**

**ADOPTION & SPECIAL GUARDIANSHIP**

**CONTACT ARRANGEMENTS**

**Referral Form D**

**Information Leaflet and Adoption Contact Arrangements**

**For all parties involved in adoption contact**

**Please note that a separate referral is required for each child**

**(Even if they are in the same family/household)**

 **Introduction**

**BARNARDOS CAFIS**

Connecting Adoptive Families Independent Service (CAFIS) provides some adoption and special guardianship services for Kent County Council. These include adoption contact, special guardianship contact, support groups for birth families and a duty advice line for all parties involved in adoption.

CAFIS administers and reviews all post adoption Letterbox (indirect) Contact for adopted children, adoptive families, special guardians, birth families and former carers.

CAFIS facilitates post adoption Face to Face (direct) Contact where agreed, but only within the county of Kent. We may occasionally facilitate direct contact outside of the County of Kent if specially agreed by a manager.

**Arrangements**

* Contact arrangements may be determined by a Court Order but are usually a voluntary arrangement prior to an Adoption order.
* **NB: Complex Special Guardianship arrangements that require CAFIS input and Adoption & Special Guardianship Support should first be agreed by both Service Managers before filing the report/support plan with the Court.**
* Contact Arrangements are usually made in good faith taking account of the child’s welfare and best interest as paramount.
* Contact arrangements will be reviewed with all parties by Barnardo’s CAFIS and KCC Adoption & Special Guardianship Support on a regular basis as it is recognised that children’s needs change over time.
* Any proposed changes to the arrangements or any problems experienced should be addressed to Barnardos CAFIS for advice and mediation. KCC Adoption Therapeutic Support Services may also be involved if needed.
* **A separate Contact Arrangement needs to be set up for each child.**

Arrangements Need To:

* Be in writing.
* Be comprehensive and clear.
* Be agreed and signed by all parties and a copy given to all parties for their records.

**Contact Files**

Contact agreements should be sent, with a covering letter, to Barnardo’s CAFIS and with the following information:

* **Up-to-date addresses, telephone numbers of all parties involved in contact and other professionals involved with each family member**
* Contact arrangements referral signed by all parties
* A copy of Child’s permanence report
* A copy of support plan for SGO
* Record/copies of all contacts to date i.e. settling in letter.

**PLEASE NOTE:**

**CAFIS CANNOT UNDERTAKE THE CO-ORDINATION OF LETTERBOX CONTACT OR DIRECT CONTACT UNTIL THE ADOPTION/SPECIAL GUARDIANSHIP ORDER HAS BEEN GRANTED AND WE ARE IN RECEIPT OF THE CHILD’S CONTACT FILE, INCLUDING THIS SIGNED ARRANGEMENT, THANK YOU**

**PART ONE OF THIS FORM TO BE COMPLETED BY KCC SOCIAL WORKER ONLY AND NOT SENT OUT TO THIRD PARTIES AS THIS COULD CAUSE A DATA BREACH**

**\*PLEASE FILL IN THE MANDATORY FIELDS**

**PART ONE**

**NAMES & ADDRESSES OF ALL PARTIES INVOLVED IN CONTACT**

**CONFIDENTIAL**

**To be Completed by Local Authority Social Worker Only**

**Name of person completing this Agreement:** …………………………………………….**\***

**Name of Social Worker (if different)**………………………………………………………………

**Team:** ……………………………………………………………………………………………**\***

**Address:** …………………………………………………………..........................\*

**Postcode**:…………………………………………...................................................\*

**Tel No:** ……………………………………………………………………………………………**\***

**Mobile:** ……………………………………………………………………………………………

**Email:** …………………………………………………………………………………………….

**Team Manager: (Full Name)**

**Adopted/SGO name of Child:** ………………………………………………………………..**\***

**Full Birth Name of child:** ……………………………………………….……………………..**\***

**Date of Birth:** ……………………………………………………………………………………**\***

**Adopters/SGO Parent(s) Full Name(s):**

**1)** …………………………………………………………………………………………………..**\***

**2)** ….……………………………………………………………………………………………….

**Adopters/SGO Parent(s) Address:** ………………………………………………………………………………………...\*

……………………………………………………………………………………………………….

**Tel No:** ……………………………………**\* Mobile**……………………………………………..

**Email:** ……………………………………………………………………………………………..

**Month contact to be sent to CAFIS:** …………………………………………………………

**Please detail what will be sent (i.e. Letter only, photos, Christmas/Birthday cards, other)**

**…………………………………………………………………………………………………………………………………………………………**

**I/We agree to send out contact to CAFIS on the dates agreed.**

**Name:** …………………………………………………………………………………………….

**Signature:** …………………………………………… **Date:** …………………………………..

****

**PLEASE NOTE**

**PART ONE OF THIS FORM IS FOR LOCAL AUTHORITY SOCIAL WORKER TO COMPLETE. PART ONE OF THIS FORM SHOULD NOT BE SENT OUT OR BE SHARED WITH THIRD PARTIES/STAKEHOLDERS AS THE INFORMATION CONTAINED WITHIN THIS FORM COULD CAUSE A DATA BREACH**

****

**PART TWO**

**Contact with Adult Birth Family Members**

**Details of Family member having Letter Box Contact:**

**Full Name:** ………………………………………………………………………………………..

**Date of Birth:** …………………………………………………………………………………….

**Any Additional Needs (i.e. writing letters, liaison with support worker/CPN) Yes NO**

**If yes please complete Additional Support Form:**

**Relationship to child:** …………………………………………………….………………………

**Address:** ……………………………………………………………………………………………

**(If address is HMP then offender number must be provided or C/O PERSON/ADDRESS TO BE PROVIDED).**

**Postcode:** ………………………………………………………………………………………….

**Tel No:** ………………………………………………………………………………………………

**Mobile:** ……………………………………………………………………………………………..

**Email:** ……………………………………………………………………………………………….

**Month contact to be sent to CAFIS:** …………………………………………………………..

**Please detail what can be sent (i.e. Letter only, photos, Christmas/Birthday cards, other)**

**:…………………………………………………………………………………………………………………………………………………………**

**Contact should be signed as:** ………………………………………………………………….

**I understand that letterbox contact including photos is for my own personal use. I will not share this with friends or other family members either directly or indirectly through Facebook, mobile phone, the internet or any other social media. I understand that this could result in future contact with my child being suspended or stopped.**

**Name:** ……………………………………………………………………………………………….

**Signature:** …………………………………………………………………………………………

**Date:** ………………………………………………………………………………………………..

**Contact with Adult Birth Family Members**

**Details of Family member having Letter Box Contact:**

**Full Name:** ………………………………………………………………………………………..

**Date of Birth:** ……………………………………………………………………………………..

**Any Additional Needs (i.e. writing letters, liaison with support worker/CPN) Yes NO**

**If yes please complete Additional Support Form:**

**Relationship to child:** …………………………………………………….………………………

**Address:** ……………………………………………………………………………………………

**(If address is HMP then offender number must be provided or C/O PERSON/ADDRESS TO BE PROVIDED).**

**Postcode:** ………………………………………………………………………………………….

**Tel No:** ………………………………………………………………………………………………

**Mobile:** ……………………………………………………………………………………………..

**Email:** ……………………………………………………………………………………………….

**Month contact to be sent to CAFIS:** …………………………………………………………..

**Please detail what can be sent (i.e. Letter only, photos, Christmas/Birthday cards, other)**

**:…………………………………………………………………………………………………………………………………………………………**

**Contact should be signed as:** ………………………………………………………………….

**I understand that letterbox contact including photos is for my own personal use. I will not share this with friends or other family members either directly or indirectly through Facebook, mobile phone, the internet or any other social media. I understand that this could result in future contact with my child being suspended or stopped.**

**Name:** ……………………………………………………………………………………………….

**Signatures:** ………………………………………………………………………………………..

**Date:** ………………………………………………………………………………………………..

**Contact with Family members under eighteen years**

**Details of Family member having Letter Box Contact:**

**Full Name: ………………………………………………………………………………………..**

**Date of Birth: …………………………………………………………………………………….**

**Any Additional Needs (i.e. writing letters, liaison with carer, social worker) Yes NO**

**If yes please complete Additional Support Form:**

**Relationship to child: …………………………………………………….………………………**

**Address: ……………………………………………………………………………………………**

**Postcode: ………………………………………………………………………………………….**

**Tel No: ………………………………………………………………………………………………**

**Mobile: ……………………………………………………………………………………………..**

**Email: ……………………………………………………………………………………………….**

**Month contact to be sent to CAFIS: …………………………………………………………..**

**Please detail what can be sent (i.e. Letter only, photos, Christmas/Birthday cards, other)**

**:…………………………………………………………………………………………………………………………………………………………**

**Contact should be signed as: ………………………………………………………………….**

**To be signed by appropriate adult/carer (where a young person is of an age and understanding they should also sign this agreement, which should then be countersigned by the appropriate adult/carer).**

**I understand that letterbox contact including photos is for my own personal use. I will not share this with friends or other family members either directly or indirectly through Facebook, mobile phone, the internet or any other social media. I understand that this could result in future contact being suspended or stopped.**

**Name:** ……………………………………………………………………………………………….

**Signature:** …………………………………………………………………………………………

**Date:** ………………………………………………………………………………………………

**Contact with Family members under eighteen years**

**Details of Family member having Letter Box Contact:**

**Full Name:** ………………………………………………………………………………………..

**Date of Birth:** …………………………………………………………………………………….

**Any Additional Needs (i.e. writing letters, liaison with carer, social worker) Yes NO**

**If yes please complete Additional Support Form:**

**Relationship to child:** …………………………………………………….………………………

**Address:** ……………………………………………………………………………………………

**Postcode:** ………………………………………………………………………………………….

**Tel No:** ………………………………………………………………………………………………

**Mobile:** ……………………………………………………………………………………………..

**Email:** ……………………………………………………………………………………………….

**Month contact to be sent to CAFIS:** …………………………………………………………..

**Please detail what can be sent (i.e. Letter only, photos, Christmas/Birthday cards, other)**

**…………………………………………………………………………………………………………………………………………………………**

**Contact should be signed as:** ……………………………………………………………….\*

**To be signed by appropriate adult/carer (where a young person is of an age and understanding they should also sign this agreement, which should then be countersigned by the appropriate adult/carer).**

**I understand that letterbox contact including photos is for my own personal use. I will not share this with friends or other family members either directly or indirectly through Facebook, mobile phone, the internet or any other social media. I understand that this could result in future contact being suspended or stopped.**

**Name:** ………………………………………………………………………………………………\*

**Signature:** …………………………………………………………………………………………

**Date:** ……………………………………………………………………………………………….

**Additional Support**

**To be Completed by Local Authority Social Worker Only**

 (Please complete for each person requiring support)

**Full Names:** ………………………………………………………………………………………..

**Relationship to child:** …………………………………………….……………………………..

**Address:** …………………………………………………………………………………………..

**Postcode:** ………………………………………….. **Tel No:** ……………………………………

**Mobile:** ………………………………………… **Email:** ……………………………….

**Details of Identified Need: (i.e. mental health illness, drug/alcohol abuse, learning difficulty, literacy difficulties, ADHD etc.)**

**……………………………………………………………………………………………………………………………………………………..**

**What other professionals/Support is in place:**

**Name:** ……………………………………………………………………………………………..

**Designation:** ……………………………………………………………………………………..

**Address:** …………………………………………………………………………………………..

**Tel:** ................................................................ **Mobile:** ………………………………………

**Email:** ……………………………………………………………………………………………….

**Please detail Support required: (preparation for direct contact, support with reading writing letters; other)**

……………………………………………………………………………………………………….

……………………………………………………………………………………………………….

……………………………………………………………………………………………………….

……………………………………………………………………………………………………….

……………………………………………………………………………………………………….

**Does this person pose a risk? (Please provide full details)**

……………………………………………………………………………………………………….

……………………………………………………………………………………………………….

……………………………………………………………………………………………………….

**CONTACT ARRANGEMENTS – Indirect**

**To be Completed by Local Authority Social Worker Only**

**We are committed to contact regarding the best interests of the child**

**For** (child’s birth name)……………….………………………**DOB:** ……………

**These arrangements reflects the needs of the child and will change over time**

**Details of Letterbox Item Exchanges:**

**Please note: CAFIS cannot facilitate the exchange of gifts or money**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Birth Family****First Names****ONLY** | **Relationship to child** | **What will be sent (please be specific)** | **Who is this contact with** | **Month contact due** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Adopters****First Names****ONLY** |  | **What will be sent (please be specific)** | **Who is this contact for** | **Month contact due** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Contract seen and agreed by:**

**Signed First Name:** ……………………………….. **Date:** ……………….. Adopters

**Signed First Name:** ……………………………….. **Date:** ……………….. Birth family

**Signed First Name:** ……………………………….. **Date:** ……………….. Birth family

**Social Worker:** …………………………………….. **Date:** ……………………

**ADOPTION CONTACT ARRANGEMENTS – Direct**

**To be completed by local authority Social Worker Only**

**If face to face arrangements are to take place post order, it is essential that the social worker consults with CAFIS at the earliest opportunity, and before details are put before a court.**

**For** (child’s birth name) ……………………….……………………………………………

**Details of Face to Face Contact**

**What are the Contact Arrangements:**

Month(s) in which to take place**:** …………………………………..………………………

Who will be involved**:** ………………….……………….……………………………………

………………………………………………………………………………………………….

Venue: …………………………………………………………………………………………

**If other birth family members are to have direct contact which is different from above, what are these arrangements:**

Month(s) in which to take place**:** ………………………………………………………….….

Who will be involved**:** ……………………………………………………………………….…

……………………………………………………………………………………………………..

Venue: …………………………………………………………………………………………….

**Will Contact be supervised? If so by whom:** …………………………………………....

**KCC Team responsible for meeting agreed costs:** ………………………………………

………………………………………………………………………………………………………

……………………………………………………**Tel No:** ……………………………………….

**Cost Agreed**: ……………………………………………………………………………………..

**Signed First Name:** ……………………………….. **Date:** ………………….. Adopters

**Signed First Name:** ……………………………….. **Date:** ………………….. Birth family

**Signed First Name:** ……………………………….. **Date:** …………………. Birth family

**Social Worker:** …………………………………….. **Date:** ……………………

**Team Manager** …………………………………….. **Date:** ……………………