

**Connecting Adoptive Families Independent Service**

**(CAFIS)**

**ADOPTION OR SPECIAL GUARDIANSHIP (SGO) DIRECT CONTACT ARRANGEMENTS**

**Service D Direct Contact**

**Referral Form**

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

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



**Important information**

* A **separate referral** needs to be completed for **each child**.
* Referrals can be sent to CAFIS **prior** to the adoption order, but CAFIS will only facilitate contact **after** the adoption or Special Guardianship order has been granted, so you will need to let us know the date of adoption/SGO.
* Referrals need to be sent through to CAFIS either by **secure** encrypted email to CAFISKent@barnardos.org.uk or sent by **recorded signed for** delivery to the CAFIS office.
* The referral will **ONLY** be accepted if it includes a copy of the CPR (Childs Permanence Report) and ASP/SGOSP (Adoption or Special Guardianship Support Plan). (Barnardo’s and KCC Head of Adoption agreement is needed if these are not available). **These should not be redacted.**
* **Please note** CAFIS will do a separate agreement with birth parents/relatives regarding not putting photos or information on Social Media.
* A KCC social worker should complete the referral form, and this needs to be signed off by them and the Team Manager or Senior Manager in their absence.
* **NONE OF THE WRITTEN INFORMATION SHOULD BE SHARED OR SENT OUT TO THIRD PARTIES TO PREVENT THE POSSIBILTY OF A DATA BREACH.**

**Direct Contact Arrangements**

**\*Date of Placement or Adoption/SGO:**

Please delete as appropriate

\*Child’s Birth Name:

\*Date of Birth:

\*Child’s Adopted/SGO Name:

Please delete as appropriate

\*Gender:

\*Ethnicity:

\*Adoptive/SGO Parent (1) Name:

\*Gender:

\*Ethnicity:

\*Adoptive/SGO Parent (2) Name:

Please delete as appropriate

\*Gender:

\*Ethnicity:

\*Address:

\*Phones:

\*Mobiles:

**\*Email addresses:**

**\*THIS IS ESSENTIAL.**

**SGO ONLY**

**HAS THE CONTACT AND DECISION PLAN BEEN UNDERTAKEN WITH THE SPECIAL GUARDIANS AND BIRTH PARENTS AS PART OF THE ASSESSMENT?**

**YES NO**

**IF THIS WAS NOT UNDERTAKEN PLEASE EXPLAIN WHY?**

**\*PLEASE NOTE THAT IF ANY OF THE ADULTS REFUSED TO UNDERTAKE THE PLAN, CONSIDERARTION SHOULD BE GIVEN AS TO THE APPROPRIATENESS OF DIRECT CONTACT.**

**Details of Direct Contact for:**

**(Child’s Adopted Name)**

**please select which service you require**

|  |
| --- |
| **unsupervised contact i.e. cafis to arrange contact but** **not attend (first two years unless significant risks)** |
| **SUPERVISED CONTACT (first two years unless significant risks - 2 contactS per year)** |
| **If Supervised please explain why the contact needS to be supervised?** |
| **when did the children enter into the ADOPTIVE or SGO placement?**  |
| **what behaviour from those attending contact have raised concerns before? what have been the consequences? i.e. inaPpriopriate comments from adults, children acting up after contact etc.** |

**\*Birth Relative details**

**BIRTH FAMILY adults attending contact – remains confidential**

|  |  |  |
| --- | --- | --- |
| **name:**  | **address:** | **telephone number:** |
| **Email Address:**  |
| **relationship TO CHILD(REN):** |
| **ethnicity:** |
| **how will the child refer to them i.e. first name or ?** |
| **name:**  | **address:** | **telephone number:** |
| **Email Address:** |
| **relationship TO CHILD(REN):** |
| **ethnicity:** |
| **how will the child refer to them i.e. first name or ?** |
| **name:**  | **address:** | **telephone number:** |
| **EMAIL ADDRESS:** |
| **relationship TO CHILD(REN)** |
| **ethnicity:** |
| **how will the child refer to them i.e. first name or ?** |

**Please copy and pastE this section if more than two birth relatives**

**please specify ANY names of those who cannot attend**

|  |
| --- |
| **Name:** |
| **relationship:** |
| **Name:** |
| **relationship:** |

**risk assessment this referral will not be accepted if this part is incomplete**

|  |
| --- |
| **does any person attending THE CONTACT pose any risk to themselves or others (Staff, other families, CHILDREN)?****yes/no detaiLs:** |
| **have the police ever been involved with anyone attending the cONTACT? please give details of involvement and any convictIons. including any arrests, cautions, convictions and any custodial sentences.** |
| **are there any potential risks in the interaction between children and others in the contACT sessions? inappRopriate language, negative comments about plans, incitement of negative behaviour, ETC.** |
| **ARE THERE ANY SPECIFIC ISSUES? NEED FOR INTERPRETER, HEALTH CONCERNS** |
| **PLEASE INDICATE WHICH OF THE FOLLOWING HAVE AFFECTED THE CHILDREN YOU ARE REFERRING AND WHAT IS THE CURRENT LEVEL OF RISK:** |
| safeguarding children | Details | high | low | none |
| **PHYSICAL ABUSE SEXUAL ABUSE:** |  |  |  |  |
| **EMOTIONAL ABUSE:** |  |  |  |  |
| **NEGLECT:** |  |  |  |  |
| **RISK OF ABDUCTION:** |  |  |  |  |
| other concerns |  |  |  |  |
| **DOMESTIC ABUSE:**  |  |  |  |  |
| **CONFLICT BETWEEN ADULTS:**  |  |  |  |  |
| **ALCOHOL ABUSE:**  |  |  |  |  |
| **DRUG/SUBSTANCE ABUSE:**  |  |  |  |  |
| **MENTAL HEALTH ISSUES:**  |  |  |  |  |
| **CULTURAL ISSUES:** |  |  |  |  |
| **RELIGIOUS ISSUES:**  |  |  |  |  |
| **RISK OF VIOLENCE TOWARDS STAFF:**  |  |  |  |  |
| **RISK OF SELF HARM:** |  |  |  |  |
| **OTHER (PLEASE SPECIFY):** |  |  |  |  |

**CONTACT requirments**

|  |  |
| --- | --- |
| **FREQUENCY required: i.e. 1 x yearly** |  |
| **DATE OF NEXT CONTACT DUE:** |  |
| **length ot contact:** |  |
| **Role of cafis staff:** |  |
| **Role of adoptIVE parents:** |  |
| **how many direct contacts have taken place?** |  |
| **where have these been facilitATed?** |  |
| **DATE OF LAST DIRECT CONTACT:** |  |

|  |
| --- |
| **BEFORE ANY DIRECT CONTACT CAN GO AHEAD CAFIS will need to meet all adults involved in the contact. THEY WILL ARRANGE THIS.****please confirm that all adults are aware of this AND IN AGREEMENT.** |

**Additional notes**

Is there any other significant information you feel will assist CAFIS in providing this service? e.g. Step-parent adoption, out of area, Adults/Children have specific needs etc.

**PAYMENT DETAILS**

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| **KCC HAVE REQUESTED THAT CAFIS should only be supporting the first two years of direct contact IN BOTH SGO/ADOPTION CASES. IF FURTHER SUPPORT IS FELT NECSESSARY THEN THE CAFIS MANAGER WILL NEED TO HAVE THIS AGREED BY THE KCC DISTRICT TEAM THAT HELD THE CASE.** |

**NB: We cannot accept the referral without non-redacted copies of the CPR, ASP/SGOSP, and signatures from the Social Worker and Team Manager.**

Please sign to confirm that this agreement has been agreed by all parties, and that a non-redacted copy of the CPR (Child Permanence Report) and ASP (Adoption Support Plan) or SGOSP Special Guardianship Support Plan are included.

\*If a party does not agree with any aspect, please provide full details:

**\*Name of Social Worker:**

**\*Team & address:**

**\*Phone number & email of Social Worker:**

**\*Signature of Social Worker:**

**Date:**

**\*Name of Team Manager:**

**\*Contact details:**

**\*Signature of Team Manager:**

**Date:**

**on completion of this form, please return (securely either by speacial DELIVERY OR secure email) to:**

**BARNARDO’S CAFIS**

**UNIT 10**

**JUBILEE WAY**

**FAVERSHAM**

**KENT**

**ME13 5GD**

**Email:** **CAFISkent@barnardos.org.uk**

***office use only:***

|  |  |
| --- | --- |
|  **CAFIS CONTACT ADS SGO:**  |  **CAFIS CONTACT BIRTH FAMILY:**  |
| **CONTACT MEETING DATE:** | **MEETING COMPLETED:**  |
| **RISK ASSESSMENT COMPLETED:** | **STAFF ALLOCATED:** |
| **CONTACT PLAN COMPLETED :** | **ADDED TO DIARY:**  |
| **SIGNED BY CAFIS MANAGER:** |  |