

**Connecting Adoptive Families Independent Service**

**(CAFIS)**

**ADOPTION INDIRECT CONTACT ARRANGEMENTS**

**Service D Indirect 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 on placement but CAFIS will only facilitate contact **after** the adoption order has been granted, so you will need to let us know the date of adoption.
* Other birth family members should also be considered for indirect contact particularly if birth parents lead chaotic life styles or have stated they will not engage, research shows that contact supports children’s identity and emotional needs, and when supported increases the stability of the placement;
* 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 (Child’s Permanence Report) and ASP (Adoption Support Plan). (Barnardo’s and KCC Head of Adoption agreement is needed if these are not available). These documents should not be redacted.
* Copies of all contacts that have been exchanged will need to be included, e.g. settling in letter.
* **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, following consultation and agreement with all involved and these needs to be signed off by the Social Worker 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.**

**Indirect Contact Arrangements**

**\*Date of Placement or Adoption (please delete) :**

\*Child’s Birth Name:

\*Date of Birth:

\*Child’s Adopted Name:

\*Gender:

\*Ethnicity:

\*Does child have any disabilities/conditions?: Yes No NA NK

\*If Yes please provide details:

\*Adoptive Parent (1) Name:

\*Gender:

\*Ethnicity:

\*Adoptive Parent (2) Name:

\*Gender:

\*Ethnicity:

\*Adopter’s address:

\*Phone:

\*Mobiles:

**\*Email addresses:**

**\*THIS IS ESSENTIAL.**

**Details of Letterbox Exchange for:**

**(Child’s Adopted Name)**

**\*Birth Relative details**

**Please note CAFIS will do a separate agreement with birth parents regarding not putting photos on Social Media. When contact relative is under 18 years please provide details of the appropriate adult i.e foster carer, SGO, Adopter etc**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name date of birth & relationship to child and ethnicity** | **Address, phone number & email address. \*EMAIL IS ESSENTIAL.** | **WHAT can be sent & WHEN? e.g. letter, photos, cards** | **How will they sign? e.g. Mummy Lisa** | **Will they need support? See below** |
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If support is needed:

|  |  |
| --- | --- |
| **Who for?** | **What support is needed? e.g. help with letter writing** |
|  |  |
|  |  |

**Details of Letterbox Exchange (continued)**

|  |  |  |  |
| --- | --- | --- | --- |
| **First names of Adopters to be used with birth family** | **What will be sent e.g. letter, photos, cards** | **When will it be sent** | **Who contact is for e.g. birth mother, siblings** |
|  |  |  |  |
|  |  |  |  |

**OTHER RELATIVE DETAILS**

Are there other relatives who could provide support to birth parent with the indirect contact or be happy for CAFIS to contact them through the life of the contact agreement?

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name date of birth**  | **Relationship to child and ethnicity (i.e maternal or paternal grandmother, maternal/paternal Aunt etc)** | **Address, phone number & email address. \*EMAIL IS ESSENTIAL.** | **What support are they able to provide to birth parent or adopter, i.e. support in writing letter, providing information to adopter.**  |
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**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, disabilities etc.

**\*THIS IS ESSENTIAL.**

**\*Please answer the following questions regarding BIRTH PARENTS:**

|  |  |
| --- | --- |
| \*Have they a dependency upon alcohol and/or illegal/prescribed drugs? |  |
| \*Have they been diagnosed with a mental health condition; if so, are they being supported by relevant professionals? (Details of their CPN [with both party’s consent] who is willing to provide support where appropriate.) |  |
| \*Are they potentially violent (detailed on CIS and/or child’s file) or a victim of violence? |  |
| \*Additional communication needs, e.g. interpreter/learning difficulties? |  |
| \*Do parents acknowledge reasons why child/ren are not in their care, e.g. contested issues? |  |
| \*Any other information relevant to this contact  |  |
| **\*Level of risk/harm to self & others – PLEASE SPECIFY LEVEL & DETAILS.** |  |

It is essential for CAFIS to have such information in order to undertake an independent risk assessment (health & safety of CAFIS staff and community members is of paramount consideration) and to ensure that a suitable venue is secured for the services to be delivered from, should we need to provide ongoing support.

**[We use local community resources that are often accessed by children & families.]** In turn, this enables the service users to benefit from independent support and advice.

**NB: We cannot accept the referral without all of the relevant sections completed, non-redacted copies of the CPR, ASP, 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) 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:**