

# SUPPLEMENTARY REFERRAL INFORMATION

for Barnardos & One Family Child Contact Centre Service



Barnardos

|                      |  |                                       |  |
|----------------------|--|---------------------------------------|--|
| <b>Service user:</b> |  | <b>Family name:</b><br>(if different) |  |
|----------------------|--|---------------------------------------|--|

## CONTACT

|  |  |
|--|--|
| <b>Who is requesting contact?</b><br><small>(Please tick. If 'other' please specify)</small> | <input type="checkbox"/> Mother <input type="checkbox"/> Father   Other: _____ |
|--|--|

|   |  |
|---|--|
| <b>Has there been previous contact?</b> (please tick)                                     |  |
| <input type="checkbox"/> Yes <i>(If yes, when and where did contact last take place?)</i> | <input type="checkbox"/> No <i>(If no, why not?)</i> |

|  |
|--|
| <b>What type of contact was it and how was it managed?</b> |
|  |

|                                      |                                  |                                 |
|--------------------------------------|----------------------------------|---------------------------------|
| <b>If it broke down, why did it?</b> |                                  |                                 |
| <b>From Father's perspective</b>     | <b>From Mother's perspective</b> | <b>From child's perspective</b> |
|                                      |                                  |                                 |

## LEVEL OF SERVICE PROPOSED

|   |                                    |                                   |
|---|------------------------------------|-----------------------------------|
| <b>What level of service is proposed initially?</b> (please tick) |                                    |                                   |
| <input type="checkbox"/> Supervised                               | <input type="checkbox"/> Supported | <input type="checkbox"/> Handover |

|                                 |                                    |                                  |
|---------------------------------|------------------------------------|----------------------------------|
| <b>Frequency?</b> (please tick) |                                    |                                  |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-weekly | <input type="checkbox"/> Monthly |

|  |                                  |                                    |
|--|----------------------------------|------------------------------------|
| <b>What times are most suitable for the child and family?</b> (please tick day and write in times) |                                  |                                    |
| <input type="checkbox"/> Monday  | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> Friday  | <input type="checkbox"/> Saturday  |

**RISK FACTORS****Are there any risk factors regarding the proposed contact? (please tick)**For the child:  yes  noFor the parents/guardians:  yes  noFor the staff/volunteers:  yes  no**Please detail any risk factors:****CHILD PROTECTION CONCERNS****Are there any current or previous child protection concerns relating to any person proposed to be involved in contact?**

(Please tick. If 'yes' please give detail and use another page if necessary.)

 Yes  No**SIGNATURE:****DATE:****REFERRER:****INTERNAL USE:****SIGNATURE:****DATE RECEIVED BY MANAGER:****REF. NO. (if allocated)****MANAGER:**