

# Glamorgan House Family Development Centre

Charity Number: 1147895    NACCC Membership Number: 1410/7



# Supported/Handover Contact Sessions

Referrers Information  
(Copy of the Referrer)

## Basic Information

Our Address:            Glamorgan House Family Development Centre  
                                 96 Walter Road  
                                 Swansea  
                                 SA1 5QE

Telephone / Mobile: 01792 470003 / 07428006602  
Email: [info@glamorganhousefdc.cymru](mailto:info@glamorganhousefdc.cymru)

### Our Contact Visit Times:

**Supported Contact –            Monday – Friday (by appointment) 10.00 am to 4.00 pm**

**Every Saturday – 9.00 am to 4.00 pm**

**Contact during the weekday's is available by appointment. All contact sessions supported or supervised are held in separate rooms.**

### Note:

**We are closed on Bank Holidays and some holiday periods. Please contact us for more information.**

## Guidelines for Referrers

**Please note that this referral form is for 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 when no significant risk to the child or those around the child has been identified.

The basic elements of supported contact are:

- Impartiality
- Volunteers are available for assistance but there is no close observation, monitoring or evaluation of individual contacts/conversations
- Encouragement for families to develop mutual trust and consider more satisfactory family venues
- Apart from attendance dates and times, no detailed report will be made available to a referrer, CAFCASS, a party's solicitor or Court, unless there is a risk of harm to the child, parent, or volunteer
- An acknowledgement that it be viewed as a temporary arrangement to be reviewed after an agreed period of time
- We can accommodate CAFCASS Officers to observe any session.

1. A completed referral form should be received by the Centre at least **one week** in advance of the date of which your client would like contact to commence. However, contact will not start until both parents (parties) have completed their mandatory pre- visits. Where a Centre has a waiting list, a completed referral form should still be sent, the Centre would then notify you when a place becomes available.
2. Only people named on the referral form will be allowed admittance to the Child Contact Centre. This may be varied by written agreement by both parties. Please ensure that clients are aware of this and that to breach this rule would mean that contact will be stopped at the contact Centre.
3. Parents are responsible for their children at all times whilst they are at the Child Contact Centre.
4. Please ensure that both parents have read and understood the Child Contact Centre's information leaflet and booklet in advance of contact starting.
5. Rules and other information about supported contact shall be shared with each parent at their mandatory pre-visit before the start of the first session.
6. GHFDC will try and maintain a friendly, impartial, and confidential environment, we would request that you do not at any time ask to see your clients on our premises without prior agreement.
7. Only dates and times of a family's attendance will be disclosed 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 Co-Ordinator / 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 concerned beforehand.

8. 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, b) allegations of domestic violence by one or both parties, or c) sexual abuse of any child, unless there are exceptional circumstances and they have sought appropriate professional advice
9. GHFDC reserves the right to reduce or terminate contact if it is felt to be in the best interest of the child.
10. 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.
11. 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.
12. The Centre should be viewed as a temporary facility to help establish contact.
13. Please notify GHFDC if the arrangements for contact are going to change or if contact is going to cease.
14. Please ensure that all clients are given copies of the terms and conditions of GHFDC, and the rules attached with this documentation.
15. All clients must attend a pre-contact visit either virtually or in person at the Centre. Clients will not be accepted at the Centre for contact sessions until both parties have completed a pre-contact visit. For clients living some distance away visits can be arranged on the same day as the contact session if necessary. Please contact the Centre coordinator to arrange this.
16. **Please photocopy the form in this booklet and ensure that all parts are completed and that payment is sent with the referral form. Incomplete forms will be returned and clients will not be accepted until they have completed and signed the form. The fee for Supported contact currently is £10.00 per hour and Handovers is £10.00 per Handover and both have a one off non-refundable setting up fee of £25.00**
17. **All referral forms should be sent to:**

Glamorgan House Family Development Centre  
96 Walter Road  
Swansea  
SA1 5Q  
Email: [info@glamorganhousefdc.cymru](mailto:info@glamorganhousefdc.cymru)

## **Terms and Conditions**

The Children's Contact Centre require:

- ❖ Both parties to consider the best interests of the child(ren) at all times.
- ❖ Both parties to treat the children with respect and listen to the needs of the child(ren).
- ❖ The children remain the parents' responsibility at all times. The resident guardian is asked to remain in the building until the child is handed over to the non-resident parent or other visiting family member. You do not have to meet if you do not wish to. You can wait in a separate room.
- ❖ Both parties to be responsible for their own children and to consider the safety of other children using the centre.
- ❖ Both parties to discuss any concerns about the quality of contact at the centre with their referrer directly to ensure we can maintain a neutral position, unless a child is in danger, and then staff would welcome any comments.
- ❖ The non-resident parent or other visiting family member to remain in the building unless previously agreed.
- ❖ Both parties to contact their referrer and the contact centre in advance if they are unable to attend a contact session. This can prevent disappointment for the parent and or the child(ren).
- ❖ Both parties to refrain from smacking and/or other forms of physical punishment.
- ❖ Both parties to understand that the contact centre is principally used for short term use and ideally the contact centre is used to re-build and restore the relationship with the child(ren).
- ❖ Both parties to respect centre staff and other service users whilst using the centre.
- ❖ Both parties are to respect the condition as to who is allowed to be in the centre and not to bring family or friends that are not named on the referral form to the centre.

### **Both parties can expect:**

- ❖ Staff to consider the welfare of the children as paramount.
- ❖ Staff to remain non-judgmental and impartial about the reasons why parties use the contact centre.
- ❖ Staff to remain objective when dealing with any conflict in the centre.
- ❖ Staff to refuse entry to any parties thought to be under the influence of alcohol or drugs.
- ❖ Staff to refuse entry to anyone not named on the form as allowed to be present in the contact centre.
- ❖ Staff to call the police if any party displays threatening behaviour towards each other, children, staff and any other person using the centre.
- ❖ Staff to call the police if the non-resident parent or other visiting adult leaves the contact centre with the children, unless previously agreed by all parties.
- ❖ Staff to call the police if the non-resident parent or other visiting adult does not return with the child(ren) to the centre at the agreed time. (This only applies to non-resident parents or other visiting family members who **can** leave the centre with the children).
- ❖ Staff to maintain records of attendance and keep records of personal details via a weekly form. All personal information provided will be confidential and under no circumstances will addresses or telephone numbers be disclosed to any party.
- ❖ Staff to assist with the handover of the child(ren), if required.
- ❖ Staff to assist with the contact and support the non-resident parent and or other family members to restore and re-build a relationship with the child(ren).
- ❖ Staff to work in partnership with both parties when there has been an allegation of child abuse, as far as reasonably practicable, and, if deemed necessary, the centre will inform the local authority or police.
- ❖ Staff to listen to difficulties experienced at the centre and to encourage the parties to make a complaint and / or make any suggestions to review the service offered.

# REFERRAL FORM FOR SUPPORTED CONTACT SESSION

(To be submitted to the office)

## MASTER COPY – PHOTOCOPY FOR USE

This form needs to be seen and completed by both parties and/or their solicitors and/or any other professionals involved with the family.

Contact cannot commence until this form has been completed in full and received by the Centre Coordinator. **All sections of the form must be completed. Incomplete forms will be returned.**

**All parties must sign** that they agree to the terms and conditions on the use of the Centre.

Forms must be received by the Centre Co-Ordinator at least **one week** before the contact sessions are due to start.

All information will be treated in the strictest confidence.

**Please print clearly**

<b>1. Referrer</b>			
Name:		Profession:	
Address:			
Postcode:		Telephone:	Email:
<b>2. Children</b>			
Name(s)		Date of birth	Gender
<b>3. Adult with whom the child(ren) resides</b>			
Name:			
Relationship to child(ren)			
Address:			
Postcode:		Telephone:	Email:
Solicitor's name:		Solicitor's ref	
Name of practice:			
Address:			
Postcode:		Telephone:	Email:
<b>4. Adult requesting contact</b>			
Name:			
Relationship to child(ren):			

Does this person have legal parental responsibility? (please circle)		Yes	No
Length of time since:	a) They met children		
	b) They lived with children		
Address:			
Postcode:	Telephone:	Email:	
Solicitor's name:	Solicitor's ref:		
Name of practice:			
Address:			
Postcode:	Telephone:	Email:	
<b>5. CAFCASS, Contact Orders &amp; Contact</b>			
a. Is there an allocated CAFCASS officer? (please circle)		Yes	No
If 'Yes', please give details: Name:			
Name of CAFCASS office:			
Address:			
Postcode:	Telephone:	Email:	
b. When and where did contact last take place?			
c. Is there a court order relating to the contact? (please circle)		Yes	No
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)? (Only two family members will be allowed to come into the centre with the child)			
c. What is the preferred date of the contact agreement meeting?			
d. What is the preferred date of first contact at the Centre?			
e. How frequently would you like contact to take place?			
f. What is the preferred time of each session? (Please refer to centre information attached to confirm the opening times of your chosen centre)			

g. Names of other people allowed to participate in contact at the Centre: Please ensure your client knows who is allowed to attend the contact sessions. People not named on this form will not be allowed in.

Name	Relationship to child

**7. Information Relating to Safety of the Child**

a. Are there or have there been sexual / child abuse allegations made in this family? (please circle). If 'Yes', please give details (over page) Yes      No

b. If yes, have these allegations been determined by the court. (please circle)  
If yes please give details of the outcome (over page). Yes      No

c. Is this family known to Social Services? (please circle) If 'Yes', please give details (over page) Yes      No

d. Has any person who will be involved in the contact ever been convicted of an offence against a child(ren)? (please circle) Yes      No

If 'Yes', please give details

e. Has there been or is there likely to be a risk of abduction? (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 violence involving either party, their respective families or the children.

**8. Health & Medical Requirements**

Do any of the children have any illness, allergy, disability, special needs or medical requirements? (please circle) or      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). If 'Yes', please give details Yes      No

**9. Additional Information**

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).

d. Additional background information (Please use a separate sheet if necessary).

**I have explained the rules of the Child Contact Centre to my client and given them a copy of the Centre's leaflet / guidelines. This form has been completed accurately and to the best of my knowledge.**

Signed: ..... Date: .....

(Signed by referrer)

**N.B. Only dates and times of families' attendance will be disclosed unless it is felt that anyone using the Child Contact Centre or a volunteer / staff member is at risk of harm.**

**I have been informed of the rules and terms and conditions for use of the Child Contact Centre and agree to abide by these rules. I understand that if I do not contact will be stopped.**

Signed: ..... Date: .....

(Adult with whom the child resides)

Signed: ..... Date: .....

(Adult requesting contact)

**Please return this completed form with the appropriate payment to the Centre Co-ordinator. Cheques should be made payable to the Centre to which you wish to be referred. Please refer to the attached information for details of how to contact the centre.**