

Integrated Children System - Referral and Information Record

The Referral and Information Record gathers together the essential information about a child or young person. There is an expectation that within **one working day** of a referral being received there will be a decision about what response is required (paragraph 3.8, *Framework for the Assessment of Children in Need and their Families, 2001*).

SSD Case Number:		Date referral received:	
Is the Parent/Carer aware of the referral?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is this a re-referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, does the reason for the re-referral indicate that the response to the original referral did not appropriately address the client's needs:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Has consent been obtained to make this referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, is consent:	Written <input type="checkbox"/> Verbal <input type="checkbox"/>
In No, give reason:			

CHILD/YOUNG PERSON'S DETAILS

Surname:	Forenames:	Child/Young Person's first language or preferred means of communication:	
Alias:	DOB or expected date of delivery:		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Unborn <input type="checkbox"/>	Is an interpreter/signer required?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:	Social Services Team:		
Postcode:	Tel:	Responsible Authority:	
Current address if different from above:			
Postcode:	Tel:		

CHILD/YOUNG PERSON'S ETHNICITY

Black or Black British	Asian or Asian British	White	Mixed	Other Ethnic Groups
Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black Background <input type="checkbox"/>	Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian Background <input type="checkbox"/>	White British <input type="checkbox"/> White Irish <input type="checkbox"/> Any White Background <input type="checkbox"/> White Welsh <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other Mixed Background <input type="checkbox"/>	Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Not given <input type="checkbox"/> If other, <i>please specify</i> :
Further details regarding Child/Young Person's ethnicity:			Child/Young Person's Religion:	
Child/Young Person's Nationality (if not British):			Home Office Registration Number:	
Immigration Status:		Asylum Seeking <input type="checkbox"/>	Refugee Status <input type="checkbox"/>	Exceptional leave to remain <input type="checkbox"/>

CHILD/YOUNG PERSONS MAIN CARERS

Name	Relationship to Child/Young Person	First Language	Ethnicity	Parental Responsibility
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
Parents/Carers First Language:			Is an interpreter/signer required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other main Carers: Yes <input type="checkbox"/> No <input type="checkbox"/>			Please specify name:	
Are any of the main Carers disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>			Please specify Carer:	
Name of disabled Carers Local Authority and LASS Number:			If Yes, please specify name of disabled Carers, main Carer:	

PARENT'S DETAILS IF NOT MAIN CARERS

Mother's name:	SSD Case Number (if appropriate):	DOB:
Address:	Postcode:	Tel:
Mother's first language:	Mother's ethnicity:	
Father's name:	SSD Case Number (if appropriate):	DOB:
Address:	Postcode:	Tel:
Father's first language:	Father's ethnicity:	Does Father have parental responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is either Parent disabled?	Mother <input type="checkbox"/> Father <input type="checkbox"/> None <input type="checkbox"/>	Is an interpreter/signer required?
		Mother <input type="checkbox"/> Father <input type="checkbox"/> None <input type="checkbox"/>

Referral Reason:	Priority Level:
Reason for referral/request for services:	
Referred by:	Date:
Address:	Tel:
Agency/relation to Child/Young Person:	Does the referrer wish to remain anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/>

CHILD/YOUNG PERSON AND FAMILY NETWORKS

Significant family members who are not members of the Child/Young Person's household					
Name	DOB	Relationship	Address	Postcode	Tel

Other Social Services cases associated with the Child/Young Person	
Name:	SSD Case No:
Name:	SSD Case No:

KEY AGENCIES

Agency	Name	Address including postcode	Telephone	Parental Consent	Date of Consent
General Practitioner				<input type="checkbox"/>	
Health Visitor				<input type="checkbox"/>	
Nursery or School				<input type="checkbox"/>	
Other Agencies <i>(please specify)</i>				<input type="checkbox"/>	

OTHER HOUSEHOLD MEMBERS (including non-family members):

Surname	Forename	DOB	If known to SS – SWIFT case number	Relationship to Child/Young Person	Tick if also referred to SS at same time as Child/Young Person
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

FURTHER DETAILS ABOUT THE CHILD/YOUNG PERSON AND FAMILY

Disabled – The Child/Young Person referred is disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>	The Child/Young Person referred is on a disability register: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Child Protection – The Child/Young Person referred is on the Child Protection Register of another Local Authority: Yes <input type="checkbox"/> No <input type="checkbox"/>
The Child/Young Person referred has been registered previously by any Local Authority: Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of Local Authority:	Category:
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Date of Registration:	Date of De-Registration:
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Looked After – Is the Child/Young Person referred Looked After by another Local Authority? Yes <input type="checkbox"/> No <input type="checkbox"/>
Child/Young Person referred has been Looked After previously by any Local Authority: Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of Local Authority:	Start Date:	End Date:
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Relevant information: Other Child(ren)/Young Person(s) in the family is/has been on a Child Protection Register: Yes <input type="checkbox"/> No <input type="checkbox"/>

Name:	Date of Registration:	Date of De-Registration:
Name:	Date of Registration:	Date of De-Registration:
Name:	Date of Registration:	Date of De-Registration:

Other Child(ren)/Young Person(s) in the family(s) is/has been Looked After by a Local Authority:
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Name:	Start Date:	End Date:
Name:	Start Date:	End Date:
Name:	Start Date:	End Date:

Person Completing Form:	Signature:	Date:
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Further Action – For Social Services Use Only			Practice note: ensure this referral is collated with previous referrals or files
No further action <input type="checkbox"/>	Provision of information and advice <input type="checkbox"/>	Referral to other agencies <input type="checkbox"/>	
Initial Assessment <input type="checkbox"/> (please specify other):	(to be completed within 7 working days)		
Referrer informed of action taken: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, date this be done:			
Parent's informed of action taken: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, date this be done:			
Child/Young Person informed of action taken: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, date this be done:			
Other action(s) (please specify):			
Name of Social Worker:	Signature:	Date:	
Name of Team Manager:	Signature:	Date:	