

## REFERRAL FOR CHILD IN NEED ASSESSMENT CIN2b

- If a telephone referral is made, the written referral should be faxed to Children's Services Social Care the same day
- It is recognised that each agency may not have information to give all the sections but you should provide what relevant information is available to you
- This form may be used in legal proceedings

<b>CHILD'S DETAILS</b> (a separate form to be used for each child being referred)						
Surname		Forenames		Title	Gender	Marital Status
Known As		DOB & Age				
Usual Home Address			Current Address (If different)			
Post Code:			Post Code:			
Phone No:			Phone No:			
<b>ETHNICITY</b>						
Caribbean	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	
African	<input type="checkbox"/>	White British	<input type="checkbox"/>	Any other mixed background	<input type="checkbox"/>	
Any other Black background	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	
Indian	<input type="checkbox"/>	Any other White background	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>	
Pakistani	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Not given	<input type="checkbox"/>	
Bangladeshi	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>			
Main Language		Nationality			Non speech communication type	
Child		Religion			Interpreter or signer required	
		None	<input type="checkbox"/>			
		Nominal	<input type="checkbox"/>			
		Practicing	<input type="checkbox"/>			
				Yes	<input type="checkbox"/>	
				No	<input type="checkbox"/>	
<b>FAMILY COMPOSITION (include significant others)</b> (Asterix those with Parental Responsibility)						
Name	DOB	Relationship to Child	Ethnic Origin	Address	Main Lang if not English	
Is the child disabled?		If yes, give brief details:				
Yes <input type="checkbox"/> No <input type="checkbox"/>						
Are other children in household disabled?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>		
Child or other member(s) has/have been looked after by a Local Authority		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>		
		Name:			Date:	

<b>CHILD PROTECTION</b>			
If you consider this to be a Child Protection referral, have you made Child Protection Plan Enquiry			
Yes <input type="checkbox"/> No <input type="checkbox"/> Date enquiry made			
Previous referrals made:		Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>	
Dates		Outcome	
<b>KEY AGENCIES</b> (please identify responsible person and Tel No. if known)			
Agency	Name & Tel No.	Agency	Name & Tel No.
G.P		H.V.	
Nursery		Attendance Development Officer	
School		Police	
Y.O.T		Dentist	
Community M.H		Comm Paediatrician	
School Nurse		Spec Needs (Educ)	
Probation		Other	
<b>REASON FOR REFERRAL</b>			
Indicate what triggered this referral e.g. specific incidents (e.g. suspected physical injury, sexual abuse, emotional abuse, neglect), increasing concern, need for a particular service.			
Is the parent/carer/child young person aware of the content of the referral?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If not, why not, and if yes what are their views about the referral?			
<b>WHEN MAKING A REFERRAL FOR AN INITIAL ASSESSMENT, PLEASE CONSIDER EACH OF THESE SECTIONS.</b>			
<b>CHILD/YOUNG PERSONS DEVELOPMENT NEEDS</b>			
<b>Possible Areas</b>	<b>Health</b>		
<ul style="list-style-type: none"> <li>• Genetic factors</li> <li>• Height &amp; weight</li> <li>• Hospital/GP contact</li> <li>• Any impairment of mobility, speech, communication</li> <li>• Formal diagnosis</li> <li>• Eating/sleeping pattern</li> <li>• Immunisation etc.</li> <li>• Medication</li> <li>• Risky behaviour</li> </ul>			
<b>Possible Areas</b>	<b>Education</b>		
<ul style="list-style-type: none"> <li>• Pre school development</li> <li>• Play &amp; interaction with other children</li> <li>• Support given in school</li> <li>• Any SEN including</li> </ul>			

<ul style="list-style-type: none"> <li>statement</li> <li>School history</li> <li>School attendance</li> <li>Qualifications</li> </ul>	
<b>Possible Areas</b>	<b>Emotional and Behavioural Development and Self Care Skills</b>
<ul style="list-style-type: none"> <li>Temperament</li> <li>Early attachments</li> <li>Adaptation to change</li> <li>Response to stress</li> <li>Anxieties/worries</li> <li>Aggression/temper</li> <li>Self control</li> <li>Mental health</li> <li>Confidence</li> <li>Risk taking</li> </ul>	
<b>Possible Areas</b>	<b>Identity and Social Presentation</b>
<ul style="list-style-type: none"> <li>Sense of belonging</li> <li>Acceptance by family &amp; wider society</li> <li>Self esteem</li> <li>Presentation</li> <li>Resilience</li> <li>Cleanliness and personal hygiene</li> </ul>	
<b>Possible Areas</b>	<b>Family and Social Relationships</b>
<ul style="list-style-type: none"> <li>Relationships with parents/siblings</li> <li>Friendships/peer group</li> <li>Integration into neighbourhood</li> <li>Use of spare time</li> </ul>	
<b>PARENTING CAPACITY – Be aware of strengths as well as difficulties</b>	
<b>Possible Areas</b>	<b>Basic Care</b>
<ul style="list-style-type: none"> <li>Ensuring safety</li> <li>Emotional warmth</li> <li>Giving child a sense of worth</li> <li>Stimulation</li> <li>Guidance</li> <li>Boundaries</li> <li>Stability</li> <li>Consistency</li> </ul>	
<b>Possible Areas</b>	<b>Issues which may affect parent/carer's capacity to respond to child/young person's needs</b>
<ul style="list-style-type: none"> <li>Physical illness</li> <li>Mental illness</li> <li>Learning disability</li> <li>Substance/alcohol misuse</li> <li>Domestic violence</li> <li>Childhood abuse</li> <li>History of abusing children</li> </ul>	
<b>FAMILY &amp; ENVIRONMENTAL FACTORS</b>	
<b>Possible Areas</b>	
<ul style="list-style-type: none"> <li>Family history</li> <li>Major family events</li> <li>Key events in child/young</li> </ul>	

person's history <ul style="list-style-type: none"> <li>• Wider family</li> <li>• Housing</li> <li>• Employment</li> <li>• Income</li> <li>• Family's social integration</li> <li>• Community resources</li> </ul>	
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**PROFESSIONAL ASSESSMENT – Please highlight your analysis of the level of risk there may be to the child/young person. Include any suggestions about possible services.**

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Referred by:		Date of phone contact with Children's Services Social Care	
Role/agency:		Date written information sent to Children's Services Social Care	
Location:		Phone No:	
Signature of referrer:			