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## Children’s Social Work

## Duty and Intake Referral Form

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| **Date:** | **Agency making Referral:** | **Name / designation / contact details:** | **Relationship to Child(ren):** |
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| **Do you consider this a Child Protection Referral?**  **Was this phoned in to the Duty Social Worker initially** | **Yes / No**  **Yes / No** |

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| **Do you consider this a Child Welfare Concern?** | **Yes / No** |

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| --- | --- | --- | --- | --- |
| **Name of Child(ren) referred:** | | **DOB:** | **Gender** | **Named Person:** |
| **First Name** | **Surname** |
|  |  |  | **Male/Female** |  |
|  |  |  | **Male/Female** |  |
|  |  |  | **Male/Female** |  |
|  |  |  | **Male/Female** |  |
| **Address:** | | | | |
| **Contact Details:** | | | | |

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| --- | --- | --- | --- | --- |
| **Name of other Child(ren) in household:** | | **DOB:** | **Gender** | **Named Person:** |
| **First Name** | **Surname** |
|  |  |  | **Male/Female** |  |
|  |  |  | **Male/Female** |  |
|  |  |  | **Male/Female** |  |
|  |  |  | **Male/Female** |  |

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| **GP / Health Visitor / Midwife details:** |  |
| **Early Years / School / College:** |  |
| **Open Childs Plan:** | **Yes / No**  **Lead Professional:** |
| **Additional Support Needs:**  **If known** | **Yes / No / Not known**  If yes please specify: |
| **Ethnic Origin** | White / Mixed / Asian or British Asian / Black or Black  British / Not Known / Other (please specify) |

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| **Religion** | Church of Scotland / Roman Catholic / Other Christian / Muslim / Buddhist / Sikh / Jewish / Hindu / Pagan / None / Not Known / Other (please specify) |
| **First Language** | English / Not Known / Other (please specify) |

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| --- | --- | --- | --- | --- | --- |
| **Family Composition** | | | | | |
| **Name** | **DOB** | **Relationship to Child** | **Employment/**  **School/other** | **Residence if different** | **PRR** |
| **Mother:** |  |  |  |  | **Yes / No** |
| **Father:** |  |  |  |  | **Yes / No** |
| **Carer:** |  |  |  |  | **Yes / No** |

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| **Details of Referral –**  **what service are you requesting from social work?**  Where there is a disclosure of harm, provide details of alleged perpetrator where known / specific incidents – dates, times, witnesses, any visible injuries / history of previous concerns. |
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| **Is Child Aware of Referral? Yes / No** | **Are Parents Aware of Referral? Yes / No** |
| **Where is the child now:** | **Whereabouts (if known) of siblings:** |

|  |  |  |
| --- | --- | --- |
| **Category of Concern if Child Protection Referral**  **(tick as appropriate)** | **Child Exploitation** |  |
| **Children Placing Themselves at Risk** |  |
| **Domestic Abuse** |  |
| **Emotional Abuse** |  |
| **Neglect** |  |
| **Non-engaging family** |  |
| **Physical Abuse** |  |
| **Parental Alcohol Misuse** |  |
| **Parental Drug Misuse** |  |
| **Parental Mental Health Problems** |  |
| **Sexual Abuse** |  |
| **Other concern(s) – Please specify:** |  |

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| **Summary of Previous Involvement with Family – please attach agency chronology - if available** |
|  |

**Signed …………………………………………………………**

**Please attach a copy of your agency’s chronology and Child’s Plan if available, along with this referral and send to:**

**Duty & Intake Manager**

**Children & Families Team**

**Hayfield House**

**Hayfield Lane**

**Lerwick**

**ZE1 0QD Tel: 01595 744420 -** [**childrens&families-intake@shetland.gov.uk**](mailto:childrens&families-intake@shetland.gov.uk)