



## 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*, 2000).

A re-referral is defined as a referral about the same child/young person within twelve months of a previous referral to the same council (where the case is closed).

Please record all names the child and parents/carers have been known by.

This is the child/young person's usual or home address. Where the parents have shared care, the child/young person may have two addresses.

Responsible CSSR should be completed if a referral is being made regarding a child/young person who is the responsibility of an authority other than your own. For example, a child/young person on the Child Protection Register in another authority or looked after by another authority.

If the child/young person's main carers are users of social services, for example, if they are known to adult social services, their Social Services Case Numbers should be recorded.

Please record brief details about the reason for referral, or services requested by or on behalf of the child. It is important to record details even when services cannot be provided immediately or at all.

CSSR Case Number \_\_\_\_\_

Date referral received:

Is the parent/carer aware of the referral? Yes ☐ No ☐

Is this a re-referral? Yes ☐ No ☐

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 ☐ No ☐

### CHILD/YOUNG PERSON'S DETAILS

Family name \_\_\_\_\_

Given names \_\_\_\_\_

DoB or expected date of delivery:

Gender:

Male ☐

Female ☐

Unborn ☐

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Tel. \_\_\_\_\_

Child/young person's first language or preferred means of communication \_\_\_\_\_

Is an interpreter/signer required?

Yes ☐

No ☐

Current address if different from above: \_\_\_\_\_

Postcode \_\_\_\_\_

Tel. \_\_\_\_\_

Social Services Team \_\_\_\_\_

Responsible CSSR \_\_\_\_\_

### Child/young person's main carers:

Name

Relationship to  
child/young person

Ethnicity

First language

Parental  
Responsibility

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes ☐ No ☐

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes ☐ No ☐

Is an interpreter/signer required?

Mother: Yes ☐ No ☐

Father:

Yes ☐ No ☐

Other main carers (please specify name) \_\_\_\_\_

Yes ☐ No ☐

Are any of the main carers disabled?

Mother: Yes ☐ No ☐

Father:

Yes ☐ No ☐

Other main carers (please specify name) \_\_\_\_\_

Yes ☐ No ☐

If known to Social Services – name of main carer, name of CSSR and Case Number

\_\_\_\_\_

### Reason for referral/request for services:

Referred by \_\_\_\_\_ Agency/rel. to child/young person \_\_\_\_\_

Address \_\_\_\_\_

Tel: \_\_\_\_\_

Does the referrer wish to remain anonymous?

Yes ☐ No ☐

The child/young person or the child's parents should be asked which ethnic group the child belongs to.

This information on ethnicity will enable local authorities to complete statistical returns e.g. SSDA 903 return, child in need census.

In some circumstances, local authorities may wish to record more specific information about a child/young person's ethnicity to assist in service provision. This should be recorded at *Further details regarding*.

### CHILD/YOUNG PERSON'S ETHNICITY

Black or Black British	Asian or Asian British	White	Mixed	Other Ethnic Groups
Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	White British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>
Any other Black background <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Any White background <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Not given <input type="checkbox"/>
	Any other Asian background <input type="checkbox"/>		Any other Mixed background <input type="checkbox"/>	If other, <i>please specify</i> : _____

Further details regarding child/young person's ethnicity \_\_\_\_\_

Child/young person's religion \_\_\_\_\_

EU citizens are not required to register with Home Office.

### Child/young person's nationality (if not British):

Nationality \_\_\_\_\_ Home Office registration number \_\_\_\_\_

Immigration status: Asylum seeking ☐ Refugee status ☐ Exceptional leave to remain ☐

### Parent's details if not main carers:

**Mother's name** \_\_\_\_\_ CSSR Case Number, if appropriate \_\_\_\_\_

Mother's address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_ Tel. \_\_\_\_\_

Mother's first language \_\_\_\_\_ Mother's ethnicity \_\_\_\_\_

**Father's name** \_\_\_\_\_ CSSR Case Number, if appropriate \_\_\_\_\_

Father's address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_ Tel. \_\_\_\_\_

Father's first language \_\_\_\_\_ Father's ethnicity \_\_\_\_\_

Does father have parental responsibility? Yes ☐ No ☐

Is either parent disabled? Mother Yes ☐ No ☐ Father Yes ☐ No ☐

Is an interpreter/signer required? Mother Yes ☐ No ☐ Father Yes ☐ No ☐

This section records all children/young people and adults living at the child/young person's usual or home address.

If another child/young person in the household is being referred to social services, please tick in the box. A separate Referral and Information Record should be completed for each child referred.

### Other household members (including non-family members):

Family name	Given name	DoB	If known to Social Services- CSSR and case number	Relationship to child	Tick if also referred to Social Services at same time as child
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>

**CHILD/YOUNG PERSON AND FAMILY NETWORKS****Significant family members who are not members of the child's household:**

Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_ Tel. \_\_\_\_\_

Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_ Tel. \_\_\_\_\_

In some cases it is important to record links to other Social Services department cases. For example, where half or stepsiblings are looked after by an authority or have had their names placed on an authority's Child Protection Register.

**Other Social Services cases associated with the child/young person:**

Name \_\_\_\_\_ CSSR and Case No. \_\_\_\_\_

Name \_\_\_\_\_ CSSR and Case No. \_\_\_\_\_

The name of key professionals from all agencies currently

involved with the child and family should be recorded. This includes agencies working with parents.

Parental permission to contact other agencies should be obtained unless permission seeking may itself place a child at increased risk of significant harm (Paragraph 5.6, *Working Together*).

It should be ascertained whether other professionals agree to the information they are asked to provide being shared with the child and/or family.

**Key Agencies:**

**Tick if parental consent  
to contact obtained**

**Date consent  
obtained**

G.P. Name \_\_\_\_\_

☐

G.P. Address \_\_\_\_\_

Postcode \_\_\_\_\_

Tel. \_\_\_\_\_

H.V. Name \_\_\_\_\_

☐

H.V. Address \_\_\_\_\_

Postcode \_\_\_\_\_

Tel. \_\_\_\_\_

Nursery/School Name \_\_\_\_\_

☐

Nursery/School Address \_\_\_\_\_

Postcode \_\_\_\_\_

Tel. \_\_\_\_\_

Other Agencies (*please specify*):

Name \_\_\_\_\_

☐

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Tel. \_\_\_\_\_

Name \_\_\_\_\_

☐

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Tel. \_\_\_\_\_

Name \_\_\_\_\_

☐

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Tel. \_\_\_\_\_

If the child is disabled, please record the type of impairment, using the children in need census codes for disability, on the Initial Assessment Record (if this information is known).

The Child Protection Registration categories set out in *Working Together* (1999) are Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect. These categories are different from the previous *Working Together* (1991)

Please record all episodes of the child's name being on the child protection register.

Where child welfare concerns are raised about a child who is looked after, the CSSR where the child is living has responsibility for the child's safety and welfare until that responsibility is transferred to the responsible CSSR.

Please record all episodes of the child being looked after.

Consent should be obtained from relevant family members before recording this information.

## FURTHER DETAILS ABOUT THE CHILD/YOUNG PERSON AND FAMILY

### Child/young person: Disabled

The child/young person referred is disabled

Yes ☐ No ☐

The child/young person referred is on a disability register

Yes ☐ No ☐

### Child/young person: Child protection

The child/young person referred is on the child protection register of another CSSR

Yes ☐ No ☐

The child/young person referred has been registered previously by any CSSR

Yes ☐ No ☐

Name of CSSR:

Date of registration:

Date of de-registration:

Category:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Child/young person: Looked after

Is the child/young person referred looked after by another CSSR?

Yes ☐ No ☐

Child/young person referred has been looked after previously by any CSSR

Yes ☐ No ☐

Name of CSSR:

Start date:

End date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Relevant information:

Other child(ren)/ young person(s) in the family is/has been on a child protection register

Yes ☐ No ☐

*Please give details, including name(s) and date(s)*

Name

Date of registration

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of registration

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of registration

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Date of de-registration

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Date of de-registration

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Date of de-registration

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Other child(ren)/young person(s) in the family(s) is/has been looked after by a CSSR

Name

Start date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Start date:

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Start date:

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End date:

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End date:

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End date:

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If a decision on the referral/request for services was not made within one working day, please explain why.

Where appropriate the child/young person should be informed of the action taken following a referral.

**Further action:**

**Practice note: ensure this referral is collated with previous referrals or files**

Provision of information and advice ☐

Referral to other agencies ☐

Initial assessment ☐

(please specify): \_\_\_\_\_

(to be completed within 7 working days)

No further action ☐

Referrer informed of action taken

Yes ☐ No ☐

If no, when will this be done

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Parent's informed of action taken:

Yes ☐ No ☐

If no, when will this be done

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Child/Young Person informed of action taken: Yes ☐ No ☐

If no, when will this be done

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Other action(s) (please specify):

**Reason(s) for action(s) taken:**

Name of social worker \_\_\_\_\_ Signature: \_\_\_\_\_ Date: 

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Name of team manager \_\_\_\_\_ Signature: \_\_\_\_\_ Date: 

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