Paperwork

# first contact

**child's name**

m/f ☐ gender unknown ☐

dob dd ☐☐ mm ☐☐ yy ☐☐ unborn ☐

address

postcode ☐☐☐☐-☐☐☐

tel ☐☐☐-☐☐☐☐-☐☐☐☐

SS no. ☐☐☐☐☐☐☐☐☐☐

date of referral dd ☐☐ mm ☐☐ yy ☐☐

method of referral ☐

01 office visit
02 telephone
03 post/other
04 meeting
06 court request

**name of referrer**

position ☐

01 GP
02 district nurse
health visitor
midwife
03 hospital
04 school/
education
department
05 police
probation
courts
06 other
07 the child
08 carer/parent
xx housing dept.
xx other SSD
xx anonymous

address

postcode tel

child's mother's maiden name

☐ There is a file on the child/family.

☐ The child knows about the referral. too young ☐

☐ His/her parents/carers know about the referral

child's aliases/other names

birthplace

child's religion

child's first language

child's second language

language is spoken at home

Is an interpreter needed? yes ☐ no ☐

language

child's ethnic classification on census ☐

*(a white)*
a1 British
a2 Irish
a3 any other white
*(b mixed)*
b1 white and black Caribbean
b2 white and black African
b3 white and Asian
b4 any other mixed background
*(c Asian/Asian British)*
c1 Indian
c2 Pakistani
c3 Bangladeshi
c4 any other Asian
*(d black/black British)*
d1 Caribbean
d2 African
d3 any other Black background
*(e Chinese other ethnic)*
e1 Chinese
e2 any other
f1 not stated

birth mother's religion

her first language

birth mother's second language?

child's GP

GP's surgery tel/fax

child's nursery/school tick if none ☐

nursery/school contact

address

tel/fax

health visitor

clinic address

tel/fax

**Who lives with the child?**

name m/f ☐
relationship dd ☐☐ mm ☐☐ yy ☐☐
SS no. ☐☐☐☐☐☐☐☐☐☐

name m/f ☐ tick
relationship dd ☐☐ mm ☐☐ yy ☐☐
SS no. ☐☐☐☐☐☐☐☐☐☐ parental responsibility ☐

name m/f ☐
relationship dd ☐☐ mm ☐☐ yy ☐☐
SS no. ☐☐☐☐☐☐☐☐☐☐

name m/f ☐
relationship dd ☐☐ mm ☐☐ yy ☐☐
SS no. ☐☐☐☐☐☐☐☐☐☐

name m/f ☐
relationship dd ☐☐ mm ☐☐ yy ☐☐
SS no. ☐☐☐☐☐☐☐☐☐☐

name m/f ☐
relationship dd ☐☐ mm ☐☐ yy ☐☐
SS no. ☐☐☐☐☐☐☐☐☐☐

name m/f ☐
relationship dd ☐☐ mm ☐☐ yy ☐☐
SS no. ☐☐☐☐☐☐☐☐☐☐

name m/f ☐
relationship dd ☐☐ mm ☐☐ yy ☐☐
SS no. ☐☐☐☐☐☐☐☐☐☐

name m/f ☐
relationship dd ☐☐ mm ☐☐ yy ☐☐
SS no. ☐☐☐☐☐☐☐☐☐☐

name m/f ☐
relationship dd ☐☐ mm ☐☐ yy ☐☐
SS no. ☐☐☐☐☐☐☐☐☐☐

name of worker

dd ☐☐ mm ☐☐ yy ☐☐

action to be taken

nfa ☐ initial assessment ☐ core assessment ☐ CP enquiry ☐

name of manager/supervisor

dd ☐☐ mm ☐☐ yy ☐☐

**important family** (or other) **contacts**

name m/f

relationship

address tel

parental responsibility

name m/f

relationship

address tel

name m/f

relationship

address tel

name m/f

relationship

address tel

name m/f

relationship

address tel

**main needs identified**

## BUILDING A NEEDS PICTURE

**circumstances** on day of referral **needs**

living situation

family and social relationships

social and antisocial behaviour

physical and psychological health

education and employment

Dartington PaperWork revised for piloting in Islington April 2001
© Dartington Social Research Unit