

**Ministry of Employment and Social Affairs
Social Affairs Department
Social Services Division**

Notification of Child Protection Referral/Investigation

Intake Assessment Form

Part 1

1. Referral source: District:

2. Date and Time of Referral:

3. Previous Referrals (dates):

4. Name of Child: Surname:

5. D.O.B I.D No: Sex:

6. Disability/Serious Illness (of child): known (specify)

not known:

7. Relationship of Alleged Perpetrator to Child:

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8. Other children likely to be at risk:

Name	D.O.B
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15. Assessment: (To include detailed information in order to establish all the facts and identify the risk. Should specifically assess severity of harm and the likelihood of future harm to the child. Continue on separate sheet if required).

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16. Nature of Alleged Abuse being investigated:
- Neglect
 - Physical Injury
 - Sexual Abuse
 - Emotional Abuse

Name of Social Worker:

Signature of Social Worker: Date:

PART 11

17. Action Taken:
- Child left at home without change of circumstances
 - Alleged perpetrator left the household
 - Child accommodation by relatives with agreement of parent(s)
 - Child taken in care by SS
 - Child admitted to hospital
 - Submitted application for Care Order from Court
 - Child taken into Police protection
 - Further inquiries to be made
 - Other (please specify)

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18. Subsequent Action: To be taken:

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Assessment for the level of Impairment

19. (a) Please indicate

What is known about the child's behaviour before the abuse and how is it different e.g. has there been a deterioration in the child's behaviour?

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(b) Has the child recently developed any behaviour to suggest that he/she has been affected by the alleged abuse?

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20. Indicate whether the child comes from a background/environment

(i) involving of the following:-

- domestic violence
- alcohol abuse by parents
- drug abuse

(ii) How such background is affecting the child

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21. (a) Give brief details on whether the child's behaviour results from recent escalation of events or a cumulative effect of other events in his/her surroundings

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(b) Indicate what you think will happen to the child if this situation does not change

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(c) What do you think will happen to the child if the child remain in the said situation?

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22. If applicable indicate the nature of previous intervention by Social Services and their outcomes

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23. Indicate where the said child is staying and the risk factors bearing on his/her safety

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24. (a) Give a brief indication of the parent's current mental/emotional functioning state

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(b) Level of parent's intellectual functioning and drug/alcohol dependency (where appropriate)

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25. Indicate how the clients' work with NCC fits into care plan developed by Social Services for the family

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Name:

Senior Social Worker/Social Worker

Date: