



Understanding the Needs of Children in Northern Ireland

Family Details

Family Last Name _____ Alternate Last Name _____

Family Home Address _____

Post Code _____

Telephone No _____

Previous Home Address _____

Post code _____

GP Name _____ Address _____

Post Code _____

Tel. No _____ Email _____

Child(ren) and Young People

Name	DOB/EDD	Gender	Religion	ID Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional Information for Adult Referrals

First Name _____ ID Number _____

Aliases _____ DOB _____

Probation Officer _____ Referral Code(if relevant) _____

Child or Young Person's Primary Carers

Last Name & Alt. Last Names(s)	First Name	Address & Phone Number (if different to family contact)	ID Number	Date of Birth	Relationship to Child / YP & Parental Responsibility	Referral Code (if required)
					P.R: Y <input type="checkbox"/> N <input type="checkbox"/>	
					P.R: Y <input type="checkbox"/> N <input type="checkbox"/>	

Child(ren) or Young Person's Details (inc. Religion, Special Needs and Ethnicity)

Name						
Mobile no.						
School						
Presenting Need						
Legal Status						
Previously Known?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
On CP Register?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Does the child have a disability?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, specify the diagnosis (& source if rel.)						
Any other special needs?						
<u>Ethnicity</u>						
White British or Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traveller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify nationality)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any Mixed Background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Declined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family's Communication

Language(s) spoken _____

Requirement for an interpreter or signer, or for document translation? Please specify _____

Other Household Members (including non-family members)

Last Name & Alt. Last Names(s)	First Name	Phone Number	ID Number	Date of Birth	Relationship to child / YP

Significant others, (including family members, who are not members of the child or young person's household)

Last Name & Alt. Last Names(s)	First Name	Address	Phone Number	ID Number	Date of Birth	Relationship to child / YP

Agencies Currently Working with Child, Young Person and/or Family

The following list of professionals and agencies may assist you in considering those who may be involved: Schools, G.P., Police, Education Welfare Officer, Designated Teacher, Educational Psychologist, Special Educational Needs Officer, Paediatrician or Community Paediatrician, Health Visitor, Allied Health Professional, Midwife, School Nurse, Community Children's Nurse, Social Worker, Mental Health Services, Child and Adolescent Mental Health Services (CAMHS), Clinical Psychologist, Behavioural Services, Statutory and Voluntary Youth Services, Family Centres, Youth Justice Agency, Probation, NSPCC, Voluntary Organisations, VOYPIC

School _____ Tel No _____

Contact _____ Role _____

Address _____

_____ Email _____

Info Shared _____

Date _____ Sign _____

G.P. _____ Tel No _____
Contact _____ Role _____
Address _____
_____ Email _____

Info Shared _____

Date _____ Sign _____
Health Professional _____ Tel No _____
Contact _____ Role _____
Address _____
_____ Email _____

Info Shared _____

Date _____ Sign _____
Police _____ Tel No _____
Contact _____ Role _____
Address _____
_____ Email _____

Info Shared _____

Date _____ Sign _____
Other (specify) _____ Tel No _____
Contact _____ Role _____
Address _____
_____ Email _____

Info Shared _____

Date _____ Sign _____
Other (specify) _____ Tel No _____
Contact _____ Role _____
Address _____
_____ Email _____

Info Shared _____

Date _____ Sign _____

Reason for undertaking UNOCINI

NB: When considering this section, please refer to the Northern Ireland Assessment Framework to assist you.

History of previous contacts

Are immediate actions necessary to safeguard the child or young person? Yes No

If Yes, please provide details and indicate your view regarding who should take responsibility for these actions.

If UNOCINI is being used as a referral

Awareness of referral Child/Young Person Yes No Parent/Carer Yes No

Has consent been given: Child/Young Person Yes No Parent/Carer Yes No

If you have answered No to any of the above, please explain

Signature of Referrer _____ Date _____

Name and Contact Information

To be completed by receiving agency

Reason for Referral (and/or code if relevant) _____

Referring Agency (and/or code if relevant) _____

Does the referrer wish to remain anonymous? Yes No

Time received _____ Date received _____

Received by _____

Actions Taken

Signature of Designated Officer _____ Date _____

(NB Also refer to sign off sheet at end of UNOCINI)

Overview

Please comment on strengths needs and risks (this includes any child protection concerns), providing supporting evidence throughout. It is not necessary to comment on all factors if they are not relevant, or if they fall outside your area of expertise and/or knowledge of the child and family. For definitions, see UNOCINI Guidelines.

Child or Young Person's Needs

Health and Development

Education and Learning

Identity, Self-Esteem and Self-Care

Family and Social Relationships

Overview - continued

Parents' or Carers' Capacity to Meet the Child or Young Person's Needs

Basic Care and Ensuring Safety

Emotional Warmth

Guidance, Boundaries and Stimulation

Stability

Overview – continued

Family and Environmental Factors which Impact on the Child or Young Person and the Parents' or Carers' Capacity to Meet Their Needs

Family History, Functioning and Well-Being

Extended Family and Social & Community Resources

Housing

Employment and Income

Summary

Please summarise your comments

Dates child/young person and family/carers seen for completion of UNOCINI:

Name:

Date(s) seen:

What strengths have you identified?

What needs have you identified?

What existing and/or potential risks have you identified?

What resilience and protective factors have you identified?

Conclusions and Recommendations

Record your conclusions and recommendations. It will be helpful to work with the child or young person and their parents and carers to take account of their ideas, solutions and goals.

What are your conclusions?

What are your recommendations?

e.g. no further action, referral to HSS or other agency, multi-agency meeting, work with the child/young person or their parents/carers.

Record the child or young person's views of your comments and recommendations.

Record the parents' or carers' views of your comments and recommendations.

Consents to Assessment

Child or Young Person

Is the child or young person aware that you have undertaken this UNOCINI? Yes No

If no, please explain:

Has the child or young person given you consent to share this UNOCINI? Yes No

If yes, which agencies have they given you consent to share this UNOCINI with?

If no, please explain:

3. Child or young person's signature of consent to share information as above:

Signature (of child/young person or professional) _____ Date: _____

Name _____

Parent or Carer

Is parent or carer aware that you have undertaken this UNOCINI? Yes No

If no, please explain:

Has the parent or carer given you consent to share this UNOCINI? Yes No

If yes, which agencies have they given you consent to share this UNOCINI with?

If no, please explain:

3. Parent or carer's signature of consent to share information as above:

Signature (of parent/carer or professional) _____ Date: _____

Name _____

Sharing of the UNOCINI

Has the completed UNOCINI been shared with the appropriate family members? Yes No

Has the completed UNOCINI been sent to the appropriate family members? Yes No

Complaints and Representations

Has a copy of the complaints procedure been given to the appropriate family members?

Yes No

About the Person Completing the UNOCINI Assessment

Name

Agency

Position

Signature

Date

Actions Taken by Receiving Agency

Details		Date	Authorising Signature
Referral Acknowledgement			
UNOCINI Closed at Point of Referral (i.e. without allocation)			
Level of Need			
Presenting Category (include code if relevant)			
SOSCARE Entry Completed (if relevant)			
Allocated To (name)			
UNOCINI Completed			
Outcome Acknowledgement (to professional referrer)			
Further Action Agreed			
Child Protection Investigation			
Pathway Assessment: (please specify: CP, CiN, LAC)			
Provision of Service: (including social work)			
Closure (specify reason & include code if relevant)			