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<td><strong>Sources of advice in relation to this document:</strong></td>
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<tr>
<td>John Fenton, Assistant Director</td>
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**NHSCT Mission Statement**

To provide for all, the quality of service we expect for our families, and ourselves.
‘GATEWAY’
TO
CHILDREN’S SOCIAL WORK SERVICE
OPERATIONAL POLICY
(March 2008)
MISSION STATEMENT

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MISSION STATEMENT

“To provide for all, the quality of service we expect for our families and ourselves”

PURPOSE & FUNCTION

- To provide a service that is responsive, efficient and consistent in assessing the needs of children, young people and their families initially referred for a social work service.

- To complete Initial Assessments using The UNOCINI Framework, in line with Regional Standards and Guidance.

- To work in partnership with children and families to assess their needs and identify appropriate support services which may be provided by the Community, Voluntary and/or Public Sector.

- To ensure an immediate response to safeguard children in need of protection.

- To ensure all professionals involved with the child and family, contribute to the initial assessment.

- To ensure the family and professionals are informed of the outcome.

- To ensure children and families in need of an ongoing Social Work Service are identified and timely transferred to the appropriate childcare team.
1.0 PRINCIPLES FOR THE GATEWAY SERVICE

1.1 A timely and efficient service, focused on the outcomes defined by DHSSPS, to ensure the appropriate assessment of the needs of children/young people and families.

1.2 All Child Protection Referrals receive an immediate Initial Assessment response, according to The Regional ACPC policies and procedures.

1.3 Public access to the service is available throughout The Northern Health and Social Care Trust area.

1.4 Provision of a high quality service from the initial contact, through the referral and interagency liaison, to the completion of an Initial Assessment using the UNOCINI framework.

1.5 All referrals received to be overviewed and prioritised by a Gateway Team Leader on the day of receipt.

1.6 A consistent response to all contact and a consistent threshold applied at the completion of the Initial Assessment through the supervision process by The Gateway Team Leader.

1.7 All Initial Assessments to be completed to the standard agreed by The Trust.

1.8 Clear lines of accountability throughout the service to ensure that the responsibilities of SWA, SW, TL and Social Services Manager are understood by all staff.

1.9 All processes within the service underpinned by an electronic/IT Infrastructure which will facilitate mandatory transfer.

1.10 There will be ownership of cases by a named worker at an early stage in the process.

1.11 The Gateway Service is afforded a level of priority as regards recruitment or redistribution of staff for time limited periods.

1.12 There will be occasions when it is appropriate for the Gateway Service to retain responsibility for short time limited interventions resulting in case closure.

1.13 Once the Initial Assessment has been completed the Gateway Team Leader has ultimate responsibility in determining the appropriateness and timing of transfer.
2.0 AVAILABILITY AND LOCATION

2.1 Gateway, including a duty social work service will operate from 9am – 5pm, Monday to Friday with the exception of Public Holidays.

2.2 Within the Northern Trust, The Gateway Service will comprise of three teams with one team based in each of the 3 identified sectors i.e.:

- Northern sector – based in the Coleraine Childcare office covering the former Causeway Locality.
- Central sector – based in Toomebridge covering Cookstown, Magherafelt and Ballymena.
- South Eastern Sector – based in the Beeches, Ballyclare covering Antrim, Carrickfergus, Newtownabbey and Larne.

2.3 A centralised phone number, 0300 1234 333, will access the Gateway Service throughout the Trust.

2.4 The automated phone system will offer the caller options to choose from. The caller will subsequently divert to the team in the required sector.

2.5 In addition to the one phone number identified for Gateway, each team will have its own unique phone number which can be utilised by all professionals if they are clear about the location of the Gateway Team they wish to access.

3.0 PUBLIC ACCESS TO GATEWAY SERVICE

3.1 The public can access the service using the Gateway Service phone number.

3.2 Public access to a duty social worker on a face-to-face basis (i.e. walk in facilities) has been greatly reduced via the centralisation of The Gateway service to three locations making it difficult for most families to ‘walk in’ to talk to a social worker.

3.3 It remains a Departmental expectation that The Public can continue to access The Gateway Service throughout The NHSCT area. To achieve this, each local office will have the availability of a phone in a private location for use by the public if required.

3.4 The Gateway Social Worker will assess the referral over the phone and determine what further action needs to be taken by The Gateway Service.
4.0 MANAGEMENT ARRANGEMENTS

4.1 The Team Leader will always be available in the Gateway office unless this role has been deputised to one of the Senior Practitioners in the team. In addition to The Team Leader two members of staff will be available to cover duty and to respond to referrals. A Senior Practitioner should be identified and in a position to respond to cases that require an urgent response from a suitably experienced and trained worker (e.g. Joint Protocol Interviews).

4.2 When a Team Leader is on annual leave or absent through sickness, the Team Leaders from other Gateway Teams should be available to respond to requests from the Senior Practitioner deputising for advice, guidance and case decisions.

4.3 Gateway Team Leaders from other teams will not chair Strategy Discussions or any other meetings for their colleagues. It is expected the Senior Practitioner deputising will fulfil this function or the responsible Social Work Services Manager if the nature of the case warrants this.

5.0 TEAM MEETINGS

5.1 Gateway Team Leaders will arrange regular team meetings. Receiving Teams and managers should forward any local difficulties experienced for discussion and resolution at these meetings. The Team Leader in Gateway will ensure feedback is provided to anyone who raises issues to be resolved.

6.0 SERVICE MEETINGS

6.1 Once per month a service meeting will be convened at least in the short to medium term. It will be the responsibility of the reform co-ordinator to arrange, chair and minute these meetings.

6.2 It is expected that the Reform Co-ordinator, Social Work Services Manager for each of The Gateway Teams, The Team Leaders and one Senior Practitioner from each team attend each month. It is the responsibility of The Team Leader to ensure all staff receives feedback and a copy of the minutes is available to all staff.

6.3 The purpose of Service Meetings is to:
  • Share regional developments
  • Share and agree resolution to difficulties experienced by individual Gateway Teams
  • Share and agree resolution to issues raised by the public, receiving teams and professional colleagues.
  • Identify issues to be brought to Reform Project Board for resolution
  • Ensure systems are consistent throughout
  • Team Leaders to provide agreed Management Reports as required by Trust, Board and Department
  • Ensure staffing quotas are appropriate
• Agree actions to be taken either by operational managers and/or The Reform Co-ordinator

7.0 SUPERVISION

7.1 The Regional Supervision Policy will be adhered to by Team Leaders and all staff in The Gateway Service.

7.2 Team Leaders will be office based as much as possible and available to all staff to provide advice, guidance, support, direction and make case decisions on a daily basis.

7.3 In the absence of The Team Leader, arrangements will be put in place for a Senior Practitioner to deputise and fulfil this function. The Team will be informed and clear about any changes to the management arrangements on any given day.

8.0 ANNUAL LEAVE ARRANGEMENTS

8.1 Each Team Leader must ensure there is sufficient cover for the service in their locality.

8.2 At peak holiday times negotiation needs to take place to ensure the service is covered, on a Trust wide basis.

8.3 The 3 Team Leaders must negotiate and co-ordinate their annual leave arrangements to ensure sufficient cover within their own team (Senior Practitioner identified and available to deputise) but also to ensure sufficient Team Leader cover arrangements throughout the Gateway service.

8.4 Similar arrangements need to be in place for Social Work Service Management level.

9.0 SICK LEAVE

9.1 All staff adhere to the Trust’s Control of Absence policy.

10.0 GATEWAY PROCESSES

10.1 Three forms of contact with the Gateway service have been identified:
• Information exchange (Notifications)
• Requests for advice and assistance
• Referrals

10.2 UNOCINI (Understanding the Needs Of Children In Northern Ireland) Referral and Initial Assessment (Appendix 1) will be utilized by The Gateway service throughout The NHSCT for all referrals that require an Initial Assessment.
10.3 The Data base provided by Westcare will be the information system in operation throughout the Gateway Service and will be used to complete UNOCINI Initial Assessments when appropriate.

10.4 The call-logging part of the data Base will be utilized to record all notifications and contacts with Gateway which do not progress to Initial Assessment.

10.5 All contacts will be logged on SOSCARE as per current arrangements.

10.6 Referrals/Notifications/requests for advice and assistance may be received by The Gateway service in a number of ways:

- UNOCINI (referral/preliminary assessment or agency appraisal)
- Telephone
- E-mail
- Letter
- Visit in person from a member of the public

10.7 It is expected that all professionals will make referrals to gateway via a written UNOCINI. If however a child is deemed to be at immediate risk the referral should be made urgently by telephone and followed with a written UNOCINI within one working day.

10.8 Should an individual refuse to comply with using UNOCINI to refer to Gateway this should not prevent a referral being accepted. However, The Gateway Team Leader will need to discuss this with the referrer’s line manager.

10.9 It will be the responsibility of Gateway to transfer all information received onto the Database (call logging or UNOCINI). Hard copies of all information received will be kept on file but will also be scanned and saved onto the database.

10.10 On receipt of a referral, The Gateway Team Secretary will issue an automated response letter within two working days (appendix 2). The response letter will be scanned and saved on the database.

10.11 Referral details will be made available to the Team Leader on day of receipt and he/she will ensure all relevant information has been entered on SOSCARE and agree the response letter to be issued.

10.12 For those children deemed to be ‘in need’, the Gateway worker will seek consent from the parent/ carer/ child, (age appropriate), before approaching any professional for information about the child.

10.13 For those children deemed to be ‘in need of safeguarding’ the Gateway worker may deem it necessary to liaise with professionals prior to seeking consent from the family.
10.14 During the first home visit, The Gateway worker will give the family a copy of The Gateway leaflet (outlining the service and contact details); a copy of The Trusts ‘Your Views Matter’ Leaflet and The Trusts ‘Information for Service Users & Patients’ leaflet. The worker will explain the process of how to make a complaint to the parent/carer and child (age appropriate) during this first contact in addition to the process of assessment and potential outcomes on conclusion of The Initial Assessment.

10.15 The Gateway worker will clearly outline the issue of consent (including any limitations to consent where appropriate) and seek consent to liaise with all professionals involved with the family. The Gateway worker may need to seek a management decision regarding any issue of consent raised by a family when the necessity to safeguard a child is at stake.

10.16 After each initial visit and throughout the assessment process the allocated social worker will provide feedback to their Team Leader and confirm the way forward and any further work to be undertaken.

10.17 Professional referrers / agencies will be kept informed of the progress of the assessment and their views sought in respect of the proposed outcome.

10.18 Gateway Social Work staff will advise all professionals contributing to the UNOCINI Initial Assessment that their views will be recorded on UNOCINI and a copy will be provided to the family on completion of the Initial Assessment.

10.19 To avoid delay, The Gateway service will make referrals to agencies/services identified to support families during or on completion of the assessment process. If the family is transferred to a receiving team the Gateway service will provide details of the receiving team who will be continuing to offer a social work service, to the agency being referred to.

10.20 A letter of outcome and the completed UNOCINI will be issued to professional referrers and the family within 15 working days of receipt of referral. This will be scanned and saved onto the database.

10.21 The Gateway Social Worker and Team Leader will use professional judgement, having considered the issue of consent, when determining the appropriateness of other professionals involved with the family receiving a copy of the letter of outcome and the completed UNOCINI.

10.22 On completion of the UNOCINI Initial Assessment, The Team Leader will:

- read and quality assure the completed UNOCINI
- ensure SOSCARE has been updated (team secretary to do)
- ensure the file is ready to close/transfer (team secretary to prepare)
- ensure the letter of outcome and the completed UNOCINI has been circulated to professional referrers, family and any other additional professionals
- ensure transfer has occurred.
• ensure all supporting documents have been scanned and saved onto the database

11.0 TRANSFER ARRANGEMENTS

11.1 Once the Initial Assessment is complete The Gateway Team Leader has ultimate responsibility in determining the appropriateness and the timing of transfer.

11.2 Transfer will be mandatory and Gateway will **not** hold responsibility for cases beyond the completion of The Initial Assessment.

11.3 However when the Gateway Team Leader is of the view that a short time/limited number of contacts (1-2 visits) will offer the appropriate support to children and their families, The Gateway Service will conclude this piece of work.

11.4 Every Receiving Team has access to the database to facilitate receiving transfers from Gateway.

11.5 Gateway will phone and email the UNOCINI reference number to the receiving team.

11.6 The Receiving Team will send a return email to acknowledge receipt of transfer. They will print the UNOCINI and allocate to a social worker for ongoing Social Work involvement.

11.7 Teams who have access to the database (e.g. Antrim Area Hospital, Social Work Team and Making Changes Project) will comply with the transfer arrangements stated above when making referrals to Gateway.

11.8 The Gateway Social Work Services Managers will regularly quality assure transfers on a random basis.

11.9 There will be situations when it is clear at the Initial point of contact that a child/children will need to become ‘looked after’ on an emergency basis.

11.10 These circumstances will undoubtedly require a period of intense involvement which necessitates transfer at a much earlier stage in the process in order to secure ‘safe’ transfer.

11.11 In these circumstances, The Gateway Team Leader will immediately liaise with the receiving Team Leader to negotiate a co-working arrangement.

11.12 It is **mandatory** that the receiving Team Leader will **immediately** identify a social worker to fulfil this function. Both Team Leaders will clarify roles and responsibilities of each social worker/ team to ensure all necessary actions are undertaken whilst avoiding duplication of roles.
11.13 The Gateway Service will retain responsibility to complete The Initial Assessment. The Initial Assessment will form the basis of the report required for an Initial LAC Review which will be completed by The Receiving Team.

11.14 Should Gateway apply for an Emergency Protection Order (EPO), The Receiving Team should provide the Court Report and Care Plan for the next scheduled Hearing using the information available in The Initial Assessment provided by Gateway.

11.15 The Responsibility for convening an Initial LAC Review will rest with The Receiving Team, not Gateway.

11.16 However, individual cases may warrant the attendance of the Gateway Social Worker at the Initial LAC Review or Emergency Court Hearing to present their Assessment and if so this can be negotiated.

11.17 In circumstances where it is clear at the initial point of contact that a child/children will need to be 'safeguarded' via Child Protection Procedures and an Initial Case Conference concurred, the co-working relationship described (12.12 & 12.13) will equally apply.

11.18 However, the Initial Case Conference, which should be convened within 15 working days of receiving a Child Protection referral, will act as the point of transfer of case responsibility to the receiving teams.

11.19 Gateway will utilize existing locally based administrative supports to convene, facilitate and minute the Initial Case Conference.

11.20 The Social Work Services manager with responsibility for the receiving team will chair the Initial Case Conference.

11.21 By immediately establishing a co-working relationship between both teams, The Receiving team should be fully engaged from the outset and in a position to bring the case through initial meetings and beyond.

11.22 Any difficulties experienced by either the Receiving Team or Gateway in managing a 'safe' transfer should be immediately addressed with respective Managers for resolution. The need to safeguard a child should not be jeopardised by any professional difficulties in managing a co-working / transfer arrangement.
12.0 RESPONSE TIMES

12.1 Initial point of contact
The 4 levels of need outlined in The Threshold of Needs Matrix (UNOCINI) will serve as the basis of The Gateway Services’ response to children and families. The Regional ACPC Policies and Procedures and Co-operating to Safeguard Children in addition to The Children (NI) Order 1995 will also inform response times in any given case.

At the point of initial contact, each referral/notification will be screened by The Team Leader on the day of receipt and categorised against The 4 Levels of Need. The guidance on response times is as follows:

- **Priority 1**: Needs of child are described and evidenced at level 4 in one or more domains and requiring urgent assessment and early intervention to safeguard the child. Parental capacity is likely to be at level 3 or level 4 and environmental factors may also be at a high level. It is likely that safeguarding procedures will apply and the child should be seen and assessed within 24 hours.

- **Priority 2**: Needs of child are described and evidenced at level 3, including children who may be in need of safeguarding and require assessment and intervention (if parental capacity is also at level 3 or level 4). If parental capacity is at level 1 or level 2 the case is likely to be less urgent but should still be assessed within the 10 days allowed for initial assessment.

- **Priority 3**: Needs of child are described and evidenced at level 2, but the parental capacity is at either level 3 or level 4 and environmental factors may also be high. These referrals relate to children where there is likely to be a potential for the circumstances to deteriorate leading to a reduction in parental capacity and/or an escalation of children’s needs. If these referrals are defined as children in need the consent of the child/young person and parent/carer will be required. If it is not forthcoming the designated manager should consider whether the need to safeguard the child may over-ride issues of consent.

- **Inappropriate referrals**: Needs of the child are described at level 2 or below and parenting capacity is at level 1/2. Following explanation to the referrer, Soscare check and after scrutiny by the Gateway Team Leader no further action will be taken.

As per the Threshold of Needs Matrix (UNOCINI), this is guidance to assist Team Leaders in determining levels of need and appropriate response times. There will always be a requirement on Gateway Team Leaders to apply professional judgement in any given set of circumstances.

12.2 Acknowledgement of receipt of referral
An automated response letter acknowledging receipt of a referral will be issued to professional referrers within 2 working days.
12.3 UNOCINI Initial Assessment complete
The Gateway service will aim to complete all UNOCINI Initial Assessments within a maximum of 10 working days.

12.4 Professional and Families notified of outcome of Initial Assessment
Professional referrers, families and any additional professionals will be issued with a letter of outcome and the completed UNOCINI within 15 days of receipt of referral. (Professional judgement will be applied).

13.0 NOTIFICATIONS

13.1 Notifications are ordinarily received by local offices in relation to:
- Criminal incidents involving Juveniles (JL5s) from the PSNI
- Domestic Violence incidents (DVLO) from the PSNI
- Eviction Notices from NIHE
- Management of Schedule One Offenders (Department 3/96 circular) from PBNI

13.2 All notifications will now be managed by The Gateway Service.

13.3 The Gateway Service, on receipt of a notification will access SOSCARE to clarify if it refers to a child/family currently known to a social worker. If so, the Gateway Service will immediately forward the notification to the appropriate office.

13.4 If the notification refers to a child/family not currently involved with a social worker, the Gateway Team Leader will decide what action, if any, is required to process the notification and whether an Initial Assessment should be progressed. This will include advising The Health Visitor of Domestic Violence incidents in a household where children reside, including unborn babies.

13.5 All such notifications will be recorded on SOSCARE by The Team Secretary.

13.6 A series of notifications over a short period of time in respect of any child/family should trigger consideration by The Team Leader as to the appropriateness of progressing to Initial Assessment.

14.0 CRISIS OR OPEN CASES

14.1 The Gateway Service’s primary function is to facilitate the receipt of new referrals into The Trust and to provide an appropriate response to assess needs in partnership with family and professional colleagues.

14.2 Receiving Teams will therefore have in place arrangements/systems to respond to children and families in crises who are known to them and to respond to transfers/co-working arrangements, particularly children who have become ‘Looked After’ and Children in need of ‘safeguarding’ identified via the Gateway Service.
15.0 RE-REFERRALS / TRUST TRANSFERS

15.1 When the Receiving Team ceases social work involvement with a family, any re-referral to The Gateway Service within a 3 month period will be automatically re-directed to The Receiving Team.

15.2 There will be occasions when case transfers will be affected across Trust boundaries. Where a robust/quality UNOCINI assessment has already been completed within the sending Trust it is deemed appropriate that the point of transfer in the receiving Trust will be the receiving teams which sits behind Gateway.

16.0 OUT OF HOURS (EMERGENCY SERVICE)

16.1 It is recognised that the OOH service does not have access to IT facilities to check SOSCARE, thereby unable to clarify if a family is currently known to a social worker or to complete a UNOCINI referral for those cases not known. It is therefore accepted that OOH will continue to utilise the existing notification/referral process to inform or refer to an office of a contact regarding a child and family outside normal working hours.

16.2 The OOH Co-ordinator/emergency social worker will now direct all information/referrals to the appropriate Gateway Team.

16.3 Gateway will immediately check SOSCARE and if the family is known to an office/named worker, Gateway will immediately forward the OOH documentation to the appropriate office.

16.4 If a new referral, Gateway will transfer referral details onto the database and action an Initial Assessment (if appropriate).

17.0 FINANCIAL NEEDS

17.1 Families (not currently known to a social worker) will on occasions require financial assistance on an emergency basis.

17.2 Gateway will be responsible for assessing the need over the phone and agreeing the funding to be provided.

17.3 Due to the massive geographical area to be covered it is more practical (if possible) to agree the member of the public can call to their local office to collect the agreed financial assistance.

17.4 The Gateway Service will negotiate this with both the member of the public and the administration staff in the local office.

17.5 The administrative staff (in the local office) will provide the finances and complete the necessary paperwork, in addition to the signature of receipt from the member of the public and forward all documentation to the Finance Department (for reimbursement purposes) and The Gateway Service. The cost Centre for The
Gateway service will be provided to the administrative assistant for use on the documentation.

18.0 ACCESS TO CLIENT RECORDS HELD IN LOCAL OFFICES

18.1 On receipt of a new referral to The Gateway Service, SOSCARE will be immediately accessed to clarify if the child/family is previously known. If it is clarified that records are held in a local office it is the responsibility of the Gateway Service to access the files by visiting the local office to read the information stored.

18.2 The Gateway Service will arrange with the local administrative staff to make the files/records available to them at the agreed time.

18.3 Gateway Service will not remove the files from the local offices but will make copies of necessary records to assist in the completion of the Initial Assessment.

18.4 There will be occasions when the Gateway Service will need to contact local offices for information about a family to be provided verbally and it is anticipated that colleagues will assist in this regard. These occasions will primarily relate to:

- A referral requiring an immediate response (no time to access written records prior to emergency visit)
- A referral which suggests a potential risk to Gateway staff (local information will assist in determining the level of risk and how a visit will be conducted)
- A referral which indicates historical records have been archived (time taken to retrieve archived files is outside the time frame of Initial Assessment)

19.0 SOSCARE MANAGEMENT

19.1 Gateway will immediately access SOSCARE for all notifications/referrals received.

19.2 All notifications and referrals, not requiring Initial Assessment, will be opened and immediately closed on SOSCARE.

19.3 All Referrals, requiring an Initial Assessment will be opened as pending to The Team Leader.

19.4 Once allocated to a Social Worker for assessment, Social Work involvement will be opened on SOSCARE.

19.5 All Initial Assessments leading to closure will be closed on SOSCARE on the day of closure.

19.6 All Initial Assessments leading to transfer will have social work involvement transferred on SOSCARE to the Team Leader in The Receiving Team on the day transfer has been made.
19.7 It will be the responsibility of the Team Leader in The Receiving Team to ensure SOSCARE is updated to reflect the allocation of the child to a social worker in his/her team.

19.8 The Gateway Team secretary will provide SOSCARE reports to the Team Leader on a fortnightly basis to ensure the system is up to date and accurately reflects throughput to include pending caseloads, social work caseloads, closures and transfers within the two week period. If discrepancies are noted the Team Leader and Team Secretary will take immediate steps to rectify any problems with the assistance of the SOSCARE Manager if necessary.

19.9 The Team Secretary will ensure a SOSCARE ‘print out’ of the social workers caseload is available to the Team Leader for formal supervision.

**20.0 THE ROLE OF THE SOCIAL WORK SERVICES MANAGER**

20.1 Will be responsible for the delivery of an efficient and effective Gateway service throughout their sector.

20.2 Will contribute to the delivery of a consistent Gateway Service throughout The Northern Health and Social Care Trust.

20.3 Will attend Service Meetings and contribute to the development of the service.

20.4 Will provide supervision to the Gateway Team Leader in keeping with the regional supervision policy and KSF requirements.

20.5 Will address any difficulties experienced by Gateway in transfer arrangements as a matter of urgency.

20.6 Will establish systems to review and evaluate transfer arrangements.

20.7 Will, alongside peers, identify and seek to resolve any issues raised by Receiving Teams and/or Gateway.

20.8 Will, in conjunction with the Gateway Team Leader, regularly audit and quality assure against Gateway Operational Policy and UNOCINI Standards & Guidance to ensure these are met.

20.9 Will regularly audit the use of SOSCARE, the data base and the management reports generated.

20.10 Will ensure any unallocated referrals are prioritised appropriately by the Team Leader and update Senior Management as appropriate.

20.11 Will ensure The Gateway Service is afforded a level of priority as regards recruitment or redistribution of staffing for time limited periods in consultation with senior management.
20.12 Will ensure management reports are provided to Senior Management, The Board and The Department as required.

21.0 THE ROLE OF THE TEAM LEADER:

21.1 Responsible for the delivery of an efficient and effective Gateway Service throughout their Sector.

21.2 Responsible for the management of all staff.

21.3 Will provide supervision to all staff in keeping with the regional supervision policy and the KSF requirements.

21.4 Will provide updates, on a weekly basis, to their line manager in relation to service delivery and staffing issues.

21.5 To overview all notifications/referrals on a daily basis ensuring that all child protection referrals receive an immediate response in line with the ACPC Policy & Procedures.

21.6 Will allocate referrals to staff suitably qualified and trained to undertake the assessment.

21.7 Any unallocated referrals to be overviewed and prioritised on a daily/weekly basis depending on the category of need and the capacity of the team to respond.

21.8 To review the data held in the electronic systems that underpin service delivery.

21.9 To ensure team meetings occur on a minimum fortnightly basis.

21.10 Will ensure a duty rota is in place to meet the needs of the service.

21.11 To have a working knowledge of all ongoing assessments and provide support, advice and guidance to staff.

21.12 Will ensure The UNOCINI Assessment Framework is consistently applied to all Initial Assessments undertaken.

21.13 Will quality assure and ‘sign off’ all completed Initial Assessments.

21.14 To ensure that details of all referrals received are entered on SOSCARE by the team secretary on day of receipt.

21.15 To ensure that time-in-lieu and overtime is managed and recorded appropriately.

21.16 To ensure that the service is appropriately staffed at all times particularly during holiday periods.
21.17 To ensure that a random selection of completed Initial Assessments is shared with their Manager on a monthly basis for quality assurance purposes.

21.18 To ensure that all staff appropriately record activity for the month in order to contribute to the overall monthly team health check.

**22.0 THE ROLE OF THE SENIOR PRACTITIONER:**

22.1 To undertake Initial Assessments commensurate to the referred concerns and in accordance with The UNOCINI Standards & Guidance.

22.2 Complex caseload.

22.3 Co-work complex cases with social work staff.

22.4 Will undertake Joint Protocol Investigations.

22.5 After each initial visit and throughout the assessment process the allocated senior practitioner is to provide feedback to their Team Leader and confirm the way forward and further work to be undertaken.

22.6 Professional referrers / agencies to be kept informed of the progress of the assessment and their views sought in respect of the proposed outcome.

22.7 To ensure recording is done as a matter of priority and that all files contain the necessary documentation.

22.8 To ensure the database and SOSCARE is updated and managed appropriately.

22.9 To ensure the family is engaged and appraised throughout the assessment process.

22.10 To contribute to effective supervision in keeping with the Regional Supervision Policy.

22.11 To contribute to team meetings and any team building opportunities.

22.12 To contribute to the duty rota.

22.13 To ensure referrals to other agencies/services are made as appropriate.

22.14 To prioritize own caseload, with the support of Team Leader if necessary.

22.15 Identify training needs for individuals and team.

22.16 Mentor Social Work staff, providing professional guidance and support.

22.17 Community Development/Multi-agency Networking
22.18 Access resources/research, policies and procedures to enhance evidence based practice of the team (with the assistance of Principal Practitioners if appropriate).

22.19 Influence the quality standards to be met by the team in terms of recording and assessments.

22.20 Deputising for Team Leader when necessary.

22.21 Professional support/supervision to students, trainees, social work assistants and Assessed Year in Employment social work staff.

23.0 ROLE OF THE SOCIAL WORKER

23.1 To undertake Initial Assessments commensurate to the referred concerns and in accordance with The UNOCINI Standards & Guidance.

23.2 After each initial visit and throughout the assessment process the allocated social worker is to provide feedback to their Team Leader and confirm the way forward and further work to be undertaken.

23.3 Professional referrers / agencies to be kept informed of the progress of the assessment and their views sought in respect of the proposed outcome.

23.4 To ensure recording is done as a matter of priority and that all files contain the necessary documentation.

23.5 To ensure the database and SOSCARE is updated and managed appropriately.

23.6 To ensure the family is engaged and appraised throughout the assessment process.

23.7 To contribute to effective supervision and in keeping with the Regional Supervision Policy.

23.8 To contribute to team meetings and any team building opportunities.

23.9 To contribute to the duty rota.

23.10 To ensure referrals to other agencies/services are made as appropriate.

23.11 To prioritize own caseload, with the support of Team Leader if necessary.

23.12 Contribute towards the standardisation of assessments and the service.

23.13 Access appropriate training.
24.0 ROLE OF SOCIAL WORK ASSISTANT / TRAINEE SOCIAL WORKER

24.1 SWA will meet weekly with their respective SW’s in order to plan, agree and monitor the work undertaken.

24.2 Professional checks to be undertaken at the same time as the SW assessment. Some checks may be made in advance of the initial SW visit if the referral is of an urgent child protection nature.

24.3 As the SWA will have a number of professional checks ongoing at the same time it will require planning before placing any calls in order to ensure that maximum use is being made of the time available.

24.4 When contacting a professional the SWA should identify themselves, provide details of the allocated SW, share the referral details and clearly record all relevant information and / or concerns. At the point of initial contact professionals should be advised that the information provided will be recorded and shared with the family.

24.5 It is important that the appropriate questions are asked of professionals and these may differ from one assessment to another. Direction is to be sought from the respective SW to clarify specific requirements.

24.6 Any assessment undertaken should be commensurate with the referred concerns. Direction on this should be sought from the SW.

24.7 SWA will complete outcome letters and send these to the child/young person, parents and professionals involved under the direction of the allocated SW. The SWA will ensure that copies of these letters are attached to the relevant UNOCINI.

25.0 ROLE OF THE TEAM SECRETARY

25.1 Responsible for the delivery of an efficient and effective administrative support system.

25.2 Will maintain appropriate records, information and files in accordance with Trust Policies and Procedures.

25.3 The Team Secretary will manage the SOSCARE system as described at 20.0.

25.4 Will ensure the Database is maintained appropriately. Will generate management reports for Team Leader and seek to resolve any difficulties (with the support of The Systems Manager if required).

25.5 Will ensure the phone system is managed in an effective and efficient manner at all times.

25.6 Will maintain good communication and working relationships with the public, colleagues and professionals.
25.7 Will arrange for files to be made available in local offices for Gateway staff to access.

25.8 Will maintain an appropriate filing system and will manage client files in accordance with Trust Policy and Procedure.

25.9 The Safe Haven protocol (Data Protection) will operate in respect of all faxed transmissions by the Team Secretary.

25.10 Financial arrangements i.e. petty cash will be managed in line with Trust Policy and Procedure. Appropriate financial records and returns will be maintained.

25.11 Team Secretary will be responsible for managing an efficient postal system.

25.12 Team Secretary is responsible for the efficient running of the office and management of stock, materials and requisitions.

26.0 MARAC

26.1 Team Leaders from receiving Teams will attend MARAC meetings in the local area and not The Gateway Team Leader.
If a new case is discussed at MARAC that requires an Initial Assessment, The Team Leader in attendance will complete The UNOCINI referral (as much as is known) and forward to the appropriate Gateway Team for Initial Assessment.

27.0 DEPARTMENT CIRCULAR 3/96 / ‘Sharing to Safeguard’

27.1 The Department Circular 3/96 / ‘Sharing to Safeguard’ deals with the management of Schedule One Offenders. On foot of this Guidance the Probation Board Northern Ireland (PBNI) in prisons forward notifications in respect of such offenders who are being discharged from prison; applying for temporary home leave or transferred between prisons.

27.2 These forms will now be forwarded directly to the Gateway Team Leaders in the appropriate sectors. PBNI will also issue a copy to the Northern Trusts Designated Manager with responsibility in this area.

27.3 The Gateway Service will ensure receiving teams are in receipt of all information relating to Schedule One Offenders living in their locality.

28.0 MASRAM

28.1 The Trust’s Designated Manager (or deputy) will continue to attend all MASRAM meetings.

28.2 Any cases from the MASRAM process highlighting a new child protection concern will be referred to Gateway for Initial Assessment.
28.3 In cases already open and known to a Receiving Team, new information will be sent directly to the Receiving Team, with a copy to Gateway for information purposes.

28.4 When there is no action required by Social Services in a case, copies will be sent to both Receiving Teams and Gateway for information purposes.

**29.0 CHILDREN WITH DISABILITIES**

29.1 The NHSCT has an established Children with Disability Service (CDT) with its own referral and Initial Assessment process. The protocol for referral to CDT will remain as before and Gateway will not impact on how this service is accessed or delivered.

29.2 However, should a member of the public or professional refer a Child confirmed to have a Disability to The Gateway Service, Gateway will immediately signpost to CDT.

29.3 Gateway may need to undertake sufficient checks to clarify the child’s status in terms of meeting the criteria for CDT before transferring.

29.4 If uncertainty exists regarding the child’s status Gateway will complete an Initial Assessment and transfer to the Receiving Team if appropriate.

**30.0 HOSPITAL REFERRALS**

30.1 Each hospital varies in the type and nature of service provided to assess the needs of children admitted to hospital.

30.2 To ensure continuity all referrals from hospitals will be made to The Gateway Service.

30.3 Any completed UNOCINI Initial Assessments received from the hospital by Gateway, which identify the need for continuing social work service, will simply be re-directed to the receiving team.

30.4 All other referrals received will be processed for Initial Assessment in the usual way.

**31.0 EARLY YEARS**

31.1 Early Years has an existing referral process. The protocol for referral to Early Years will remain unaffected and any referrals received via Gateway will be immediately signposted to the appropriate Early Years Team.
32.0 FOSTERING AND ADOPTION SERVICES

32.1 The process for referral to Fostering and Adoption Services will remain unaffected and any referrals received by Gateway will be immediately signposted to the appropriate Fostering or Adoption Team.

33.0 ARTICLE 4 (PRIVATE LAW - WELFARE REPORTS)

33.1 Gateway will not undertake Article 4 Welfare reports. The referral process and provision of completed Article 4 Reports will continue as is.

34.0 JOINT PROTOCOL

34.1 For new referrals, Gateway will hold responsibility for investigation and Joint Protocol Interviews.

34.2 In some instances when the assessed need of the child indicates that interviews are not appropriate in the early stages, the case will transfer to the Receiving Team who will assume responsibility for any further Joint Protocol actions.

34.3 Gateway will not undertake Joint Protocol Investigations in respect of any child who is already known to a Receiving Team.

35.0 EVALUATION

35.1 The Gateway Service is keen to resolve any difficulties experienced by Receiving Teams and to develop a high quality and consistent service throughout The Northern Health and Social Care Trust.

35.2 To assist in this regard, the Gateway service has developed a short evaluation report (appendix 4), which Receiving Teams should complete following receipt of a transfer from the Gateway Team. This evaluation report allows for teams to provide formal feedback regarding individual cases on: the appropriateness of transfer; the quality of assessments received and to raise any issues which would be useful for Gateway to consider when developing the service. It should also be used as a tool to report positive experiences so that good practice can be reinforced and ‘imbedded’.

35.3 This should not replace the informal professional relationships which exist between teams to raise issues/resolve difficulties which remains invaluable and should be encouraged to continue.

35.4 The Gateway Service will provide Management Reports to The Trust, The Board and The Department on an ongoing basis.
36.0 REGIONAL REVIEW

36.1 A formal review of The Gateway Service throughout the region is planned to take place in 12-18 months.

36.2 The Northern Health and Social Care Trust’s Gateway Operational Policy will also be reviewed at this time and revised in accordance with the findings of the regional review.

Equality, Human Rights and DDA

This policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires the Trust to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact on the 9 equality categories and no significant differential impacts were identified, therefore, an Equality Impact Assessment is not required.

Alternative formats

This document can be made available on request on disc, larger font, Braille, audio-cassette and in other minority languages to meet the needs of those who are not fluent in English.

Sources of Advice in relation to this document

The Policy Author, responsible Assistant Director or Director as detailed on the policy title page should be contacted with regard to any queries on the content of this policy.
Appendix 1 – UNOCINI Referral and Initial Assessment

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 ___________________________
Name ___________________________ DOB/EDD ___________________________ Gender ___________________________ Religion ___________________________ ID Number ___________________________
Name ___________________________ DOB/EDD ___________________________ Gender ___________________________ Religion ___________________________ ID Number ___________________________
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
<table>
<thead>
<tr>
<th>Last Name &amp; Alt. Last Name(s)</th>
<th>First Name</th>
<th>Address &amp; Phone Number (if different to family contact)</th>
<th>ID Number</th>
<th>Date of Birth</th>
<th>Relationship to Child/YP &amp; Parental Responsibility</th>
<th>Referral Code (if required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y □ N □</td>
<td>P.R.: Y □ N □</td>
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</tbody>
</table>

UNOCINI April 2007
<table>
<thead>
<tr>
<th><strong>Child(ren) or Young Person's Details (inc. Religion, Special Needs and Ethnicity)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td><strong>Mobile no.</strong></td>
</tr>
<tr>
<td><strong>School</strong></td>
</tr>
<tr>
<td><strong>Presenting Need</strong></td>
</tr>
<tr>
<td><strong>Legal Status</strong></td>
</tr>
<tr>
<td><strong>Previously Known?</strong></td>
</tr>
<tr>
<td><strong>Y</strong></td>
</tr>
<tr>
<td><strong>On CP Register?</strong></td>
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<tr>
<td><strong>Y</strong></td>
</tr>
<tr>
<td><strong>Does the child have a disability?</strong></td>
</tr>
<tr>
<td><strong>Y</strong></td>
</tr>
<tr>
<td><strong>If yes, specify the diagnosis (if no enter Other)</strong></td>
</tr>
<tr>
<td><strong>Any other special needs?</strong></td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
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<tr>
<td><strong>White British or Irish</strong></td>
</tr>
<tr>
<td><strong>Traveler</strong></td>
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<tr>
<td><strong>Black British</strong></td>
</tr>
<tr>
<td><strong>Other (specify nationality)</strong></td>
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<tr>
<td><strong>Black Caribbean</strong></td>
</tr>
<tr>
<td><strong>Black African</strong></td>
</tr>
<tr>
<td><strong>Asian</strong></td>
</tr>
<tr>
<td><strong>Chinese</strong></td>
</tr>
<tr>
<td><strong>Any Mixed Background</strong></td>
</tr>
<tr>
<td><strong>Declined</strong></td>
</tr>
</tbody>
</table>

UNOCSI April 2007

2/12
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)

<table>
<thead>
<tr>
<th>Last Name &amp; Alt. Last Names(s)</th>
<th>First Name</th>
<th>Phone Number</th>
<th>ID Number</th>
<th>Date of Birth</th>
<th>Relationship to child / YP</th>
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Significant others, (including family members who are not members of the child or young person’s household)

<table>
<thead>
<tr>
<th>Last Name &amp; Alt. Last Names(s)</th>
<th>First Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>ID Number</th>
<th>Date of Birth</th>
<th>Relationship to child / YP</th>
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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, VOY PIC

School Contact

Tel No

Role

Address

Email

Info Shared,

Date

Sign

UNOCINI April 2007

2/12
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 (please code if relevant) ☐
Referring Agency (please 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 Please 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.

<table>
<thead>
<tr>
<th>Child or Young Person’s Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Development</td>
</tr>
</tbody>
</table>

| 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

UNOCINI April 2007
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:

<table>
<thead>
<tr>
<th>Signature (of child/young person or professional)</th>
<th>Date</th>
</tr>
</thead>
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</table>

**Parent or Carer**

Is parent or carer aware that you have undertaken the 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:

<table>
<thead>
<tr>
<th>Signature (of parent or carer/professional)</th>
<th>Date:</th>
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**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

<table>
<thead>
<tr>
<th>Details</th>
<th>Date</th>
<th>Authorising Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral Acknowledgement</td>
<td></td>
<td></td>
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<tr>
<td>UNOCINI Closed at Point of Referral (i.e. without a location)</td>
<td></td>
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<tr>
<td>Level of Need</td>
<td></td>
<td></td>
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<tr>
<td>Presenting Category (include code if relevant)</td>
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<td></td>
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<tr>
<td>SOS CARE Entry Completed (if relevant)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allocated To (name)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNOCINI Completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome Acknowledgement (to professional referer)</td>
<td></td>
<td></td>
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<tr>
<td>Further Action Agreed</td>
<td></td>
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<tr>
<td>Child Protection Investigation</td>
<td></td>
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<tr>
<td>Pathway Assessment (please specify: CP, CN, LAC)</td>
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<tr>
<td>Provision of Services (including social work)</td>
<td></td>
<td></td>
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<tr>
<td>Closure (specify reason &amp; include code if relevant)</td>
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</tbody>
</table>
Appendix 2 – Response Letter

Northern Health and Social Care Trust

Referrer’s Name
Referrer’s Address
Referrer’s Post Code

Insert Date    Our Ref: Our Reference    Your Ref:    Your Reference

Dear Referrer

Subject

Thank you for your referral in respect of the above named child/ young person/ family which was received by this office on the < >.

The case is now allocated to < >/ has been categorised as requiring no further action at this time/ has been placed on a waiting list for allocation.

We have also agreed the following actions:

• < >
• < >
• < >

The referral has been categorised as: < >

If you have any queries with regard to this action and wish to add further information in support of your referral please contact me within 5 working days of receipt of this letter.

Yours sincerely

Signatory
Team Leader

Enclosures/Attachments

Copy to
Appendix 3 – Outcome Letter

Northern Health and Social Care Trust

Referrer's name
Referrer's Address
Referrer's Post Code

Date Our Ref: Your Ref:

Dear Referrer

Subject

Thank you for your referral in relation to the above named child/young person/family.

This case was allocated to NAME on DATE and an Initial Assessment has now concluded. We have agreed the following action/s:

- Aim Achieved No Further Action
- Referred To Another Agency
- Referred To NAME RECEIVING TEAM for further assessment/support

Following the Initial Assessment this referral has now been categorised as: CATEGORY and a copy of the completed UNOCINI has been attached for your information.

If you have any queries regarding this please contact me within 5 working days of receipt of this letter.

Yours sincerely

---------------------------------
Team Leader

Copy to:
Appendix 4 – Evaluation Report

Northern Health
and Social Care Trust

EVALUATION OF GATEWAY SERVICE BY THE RECEIVING TEAMS

Family Name: ______________________________

To help us monitor and improve our service we would be grateful if you could complete the following short questionnaire and return to the appropriate Gateway Team.

1. How would you describe the quality of the completed UNCCNI Initial Assessment?

2. Were you satisfied with the timing and the decision to transfer?

3. Were you satisfied with the recommendations stated on the conclusion of the Initial Assessment?

Any other comments:

Please return to Northern/ Central/ South Eastern Sector
(Please delete as appropriate)

Thank you

Gateway Team
________ Sector