

TAYSIDE MULTI AGENCY CONCERN FOR UNBORN BABY REFERRAL FORM

This form can be completed by any practitioner and managers working in the public, private and third sectors across Tayside concerned for an Unborn Baby.

Prior to submission

• Call your local Social Work Duty Team or in Dundee MASH to discuss referral: contact details can be found at the end of this Referral Form.

SECTION 1 - CORE DETAILS Plea	ase complete what you c	an: if not kno	wn please sta	ite "I	Not Known"	
NOTIFIED BY:						
Name and job title:						
Agency/Dept:						
Contact Details:	Address					
Contact Details.	Tel. No. E-mail address					
Contact person for feedback or	Address					
further enquiry (if different from above):	Tel. No. E-mail address					
Line Manager / Designated CPO			Tel. N	0.		
Full Name(s) of prospective parent(s)	Address & Tel. No.				DOB	
Full name(s) of any other shild(row)	in the household		Information	not le		
Full name(s) of any other child(ren)	Information not known					
Name			DOB		Gender (M/F)	
Name of any PARENT who does not reside with the unborn child Information not known	Address & telephone number		DOB	Has Parental Rights & Responsibilities		
				Plea	ase select.	
				Please select.		
Full names of significant adults in th	a hawashald	DOD	Condon	Dal	-+:	
Full names of significant adults in the household DOB Information not known		DOR	Gender (M/F)	chil	ationship to the d	

Other Professionals (please provide	details if known)		Information not known							
Name	Designation	1	Contact Details							
SECTION 2 – CONCERNS										
Please describe the issues which give	ve you cause for	concern, and why.								
Prompts:										
 What have you seen/heard?)									
• When was this?	When was this?									
How many occasions or hov	v long has this be	en happening?								
 What may be the possible impact for the unborn child (ren) or any other child (ren) in same family/household? 										
Other considerations										
Unborn Baby concerns: who	at is the expected	d date of delivery/sta	ge of pregnancy							
 Are there concerns about behaviours of parent/carer/other significant adult which may cause concern (for example: substance misuse, domestic abuse, significant mental ill health etc) 										
You may wish to consider in	cluding your asse	essment/analysis usin	ng the SHANARRI indicators							
(S afe, H ealt	hy, A chieving, N u	irtured, A ctive, R espe	ected, Responsible and Included).							
Date of concern:	Time of co	oncern:								
Location of concern:	Nature	of concern:								
Does the concern involve any of the	e following (tick (all that apply)								
Parental Substance/Alcohol Misuse	G (wan e	_	stic/Honour Based Abuse							
Previous Child Care/Child Protection	n Concerns	_	ous Child/ren removed from Care							
The state of the s		<u> </u>	an/Partner known to Criminal Just							
Significant Mental Health Issues			ing i ar trice known to criminal sast	ice						
Significant Mental Health Issues Significant Learning Disability			my rateller known to emiliar sase	ice						

Describe any discussions and/or actions that have already taken place regarding this concern								
Are there any additional support needs for the family, e.g. interpreter?								
Information Sharing								
Have you made the prospective mother aware that information may be shared? Have you made the prospective partner/family member aware that information may be shared? Yes No In the prospective partner/family member aware that information may be shared? Yes No In the prospective partner/family member aware that information may be shared? Yes No In the prospective partner/family member aware that information may be shared? Yes No In the prospective partner/family member aware that information may be shared?								
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Local Authority Area	Office hours	Out of office hours	Email contact details					
Dundee: Children & Young People Service Based at Seymour House MASH	01382 307940	01382 307964	mash.admin@dundeecity.gov.uk					
Angus: Children, Young People and Justice Investigation Team	01241 467333	01382 307964	investigationsteam@angus.gov.uk					
Perth & Kinross: Child Protection & Duty Team	01738 476768	01738 476768	CFSMASG@pkc.gov.uk					
Emails must be sent through a secure email account.								
Please Note: An outcome from an Unborn Baby Referral will be returned to the referrer within one month, however if after making a referral, the referrer has not received an outcome; the referrer is accountable for contacting their local children's services social work team to request an update.								
FOR RECEIVING AGENCY PURPOSES ONLY:								
Notification received on:		Date:						
Outcome of referral fed back to Referrer:		Date:	By Whom:					