

Joint Protocol: Children's Specialist Services and Adult Social Services



August 2007

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1. PURPOSE AND PRINCIPLES

This protocol provides guidance on policy and practice with the aim of facilitating effective communication and interagency working between children's' and adults' services, to ensure that the welfare needs of both children and their parents/carers are met.

All eventualities cannot be covered by this protocol – Advice is available to staff in all agencies via line management or designated safeguarding/child protection professionals.

It is important to note that the fact that a person has a physical or learning disability does not of itself mean that he/she cannot be a good parent to a child.

Legal Framework for Assessment

- a) If parents with disabilities have care needs that do not arise from being a parent, and which do not impact on their children, their assessment should be carried out within the community care assessment framework, and eligibility determined according to Fair Access to Care Services.
- b) If parents with disabilities have care needs that affect their parenting abilities and possibly impact on the well-being of their children, then it is the responsibility of Children's Specialist Services to consider their duties under the Children Act 1989 and assess need using the "Framework for the Assessment of Children in Need and their Families" A child is defined as being in need under Section 17 of the Children Act 1989 if they are unlikely to experience "a reasonable standard of health or development without assistance, or if they are disabled".
- c) Under Fair Access to Care Services "parenting roles and responsibilities" fall into those elements of the eligibility framework dealing with family and other social roles and responsibilities. A parent who appears to be in need of Community Care Services is therefore entitled to an assessment of their needs under the adult assessment framework, which should cover all needs including those relating to "family and other social roles and responsibilities". Government guidance on Fair Access to Care Services state we "should bear in mind that the provision of services that assist disabled parents who need support in bringing up their children is still the most effective means of promoting the welfare of the children and that even though children may be well-cared for in a domestic situation, an adult parent's well-being would be undermined, and problems exacerbated, if s/he is not able to fulfil the parenting roles s/he aspires to".

Children Act 2004

Section 11 sets out a duty for each Children Services Authority to make arrangements to promote co-operation between the authority and partners

with a view to improving the well being of children under age 18 in the authority's area, relating to:

- a) Physical and mental health and emotional well-being;
- b) Protection from harm and neglect;
- c) Education, training and recreation;
- d) The contribution made by them to society;
- e) Social and economic well-being.

The Adult Social Services Department must make arrangements for ensuring that their functions are discharged having regard to the need to safeguard and promote the welfare of children. It should pay particular attention to:

- Ensuring commitment by senior managers
- Producing a clear statement of responsibility made available to all staff
- Nominating a named senior manager – to act as a champion for safeguarding within the agency – to hold the responsibility, and clear lines of accountability
- Taking account of children and families' views
- Providing training programmes for all staff working with children and families
- Establishing safe recruitment procedures, and systems for dealing with allegations against staff
- Setting up systems for effective inter-agency working
- Setting up systems for effective information-sharing

Safeguarding

'Working Together' which is a guide that sets out how organisations and individuals should work together within an inter-agency context to safeguard and promote the welfare of children. It describes and defines *safeguarding and promoting the welfare of children* as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and
- undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

The Wandsworth Safeguarding Children's Board (WSCB) has representation from all agencies in the Borough, including the Adult Social Services Department. This protocol has been approved by the WSCB.

A vulnerable adult is a person aged 18 years or over "who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation". "Who Decides," Lord Chancellor's Department (1967).

All vulnerable adults have the right to live free from abuse with dignity, autonomy, privacy and equity. All agencies have a duty to safeguard vulnerable adults from abuse, to recognise the signs of abuse and to take action where abuse is reported.

The Council has also established a Safeguarding Adults Partnership Board. This protocol has been approved by the Safeguarding Adults Partnership Board.

This Protocol serves as a joint protocol between the two Boards.

2. MAKING REFERRALS TO CHILDREN'S SPECIALIST SERVICES

Staff from Adult Social Services who are working with adults who are parents should consider the needs of the children as part of their assessment and treatment plans.

A referral should always be made to Children's Specialist Services where you suspect that a child may be suffering or is likely to suffer significant harm. This includes children in utero prior to birth.

If you are unsure whether to make a referral speak to the safeguarding/child protection lead within your team or your team leader/general manager. The senior managers within Adults Social Services with lead responsibility for children's safeguarding are Susan Hasler-Winter (Mental Health Partnership and Commissioning Manager) and Mike Abel (Head of Learning Disability Service)

Or speak directly to a duty officer in Children's Specialist Services.

- All new referrals to Children's Specialist Services go to Referral & Assessment 020 8 871 6622. The Referral & Assessment Service covers the whole Borough.
- Referrals in relation to Children at risk of significant harm should be phoned into the duty service on 020 8 871 6622. Such referrals should be followed up in writing within 24 hours (preferably on an inter-agency referral form (See Appendix 1)
- Any referral regarding a child/young person who is not at risk of significant harm requires the signed consent of the parent/carer/young person and an inter-agency referral form (see appendix 1) to be completed. (Note: The Inter-Agency Referral Form may be replaced by the "Common Assessment" in the future). It is necessary to discuss the referral with the main carer or young person and complete the form with them. Referrals without consent will not be accepted.
- The Inter-Agency Referral Form needs to be printed off from the website and signed by the parent/carer/young person and faxed to the Duty

Service. Fax number – 020 8871 6333. Supplies of the form can be obtained from 020 8871 6622.

- Children or young people who are inpatients at St. Georges Hospital can be referred to the Children's team at the hospital following the above procedure. The Duty number is 020 8725 – 1719
- When a worker from Adult Social Services considers that a prospective parent will need support services to care for their baby, or that the baby may be at risk of significant harm, then they must refer to Children's Specialist Services as soon as the concerns are recognised. This will enable a multi-agency pre-birth assessment to be conducted to consider the baby's needs.
- The Emergency Duty Team (EDT) operates Monday – Friday, 6pm onwards and all day at weekends and at Bank Holidays. Any emergency referral of a child suffering actual or likely significant harm can be made to EDT on telephone 020 871 7405.
- Private Fostering

A private fostering arrangement is when a child of under 16 (or up to 18 if disabled) is cared for and provided with accommodation on a full-time basis (over 28 days) by people who are not their parents or an immediate relative. These are grandparents, siblings, stepparents, aunts and uncles; all other arrangements are private fostering. These arrangements are made privately between the parents and the carer, not through the council. If the child is privately fostered, the law states that you must let Children Services know; failure to do so is an offence. To prevent taking risks with the child's safety, can you please notify the council so that they can make sure that the child is well looked after and safe.

The council has a duty to safeguard and promote the welfare of all privately fostered children in Wandsworth. The law requires that you inform the council at least six weeks before the arrangement begins, unless it is made in an emergency in which case notification must be made to the council within 48 hours.

It is a criminal offence not to report such information. Adult Social Services staff who become aware or suspect that a child is being privately fostered must alert Children's Specialist Services. Complete an Inter-agency referral form with as much information as you can. Try to obtain consent but do not allow inability to obtain consent, to prevent you from contacting Children's Services.

Making a referral to Children's Specialist Services

Complete an Inter Agency Referral Form. Obtain Written Consent on the Form – Fax Form to 0208 871 6333
Or Send To: Referral & Assessment, Duty Manager, Welbeck House, 43- 55 Wandsworth High Street, London, SW18 2PS.
Or Email To: childreferraldutymanager@wandsworth.gov.uk.
Supplies of the form can be obtained from 0208 871 6622

If you are worried that a child may be at risk of immediate significant harm contact Children Services before completing a form - Phone Duty on 0208 871 6622

For Guidance see: What To Do If you're Worried A Child is Being Abused. www.doh.gov.uk/safeguardingchildren/index.htm

Disabled Children's Team
Manager
Jacquie Heale
020 8871 7245
Borough wide Service for Children
with Disabilities

REFERRAL & ASSESSMENT SERVICE
Manager: Mike Mannion
Tel: 0208 871 8944

Duty Service
Duty Manager - 020 8871 8646
9.00 a.m. – 5.00 p.m.
Monday – Friday
Tel: 0208 871 6622
Fax: 0208 871 6333
Team Managers: Della Conman
Eulalee Marshall-Wiggan
Mawuli Beckley-Kartey

Diversion Team
Manager
Alistair Hughes
020 8871 7870
Borough wide service to divert
14 - 17 year olds from care.
Accessible only via R&A

St George's Hospital
Team Manager – Peter Paterson
9.00 a.m. – 5.00 p.m.
Monday – Friday
Duty 0208 725 1719

Emergency Duty Team

Monday – Friday
6 pm onwards
All day Weekends

Week Days 0208 871 7405
All Other Times: 0208 870 2032 (Control)
Fax: 0208 871 6333

For all referrals, the referrer will be informed of the outcome.
Following a referral to Referral & Assessment, children and their families who are in need of Longer term/intensive social work service are transferred to the Children in Need Service or the Children Looked After Service

3. REFERRALS TO ADULT SOCIAL SERVICES

The Adult Social Services Department comprises three operational areas:

- a) Locality Teams (working with older people), the Sensory & Physical Disability Team and the Occupational Therapy Services
- b) The Learning Disability Service and
- c) The Mental Health Service (provided through the South West London & St George's Mental Health Trust)

The following describes the way in which to make a referral to each of these operational divisions:

- a) Locality Teams (working with Older People), Sensory & Physical Disability Team (SPD) & the Occupational Therapy Service

For this operational area, referrals are made through the -

Access Team

3.1. Team Role

The Access Team's role is to provide the first point of contact for new referrals, for current service users, carers and professionals.

The team is staffed by Access Officers who are trained to provide an appropriate and professional response to callers and be able to answer most enquiries within their team.

3.2. Overall Aims

The Access Team's overall aims are to –

- provide an efficient and customer-focused response to all contacts received, whether by telephone, minicom, fax, email, letter or personal call;
- provide advice and assistance and when appropriate, refer callers quickly and efficiently to other teams or services;
- ensure that other teams are able to commence assessments within 48 hours of the first contact, to enable the 28 day period for dealing with referrals to be met;
- take initial contact referrals for the Locality, SPD and OT teams

Links with Other Teams:

The Access Team may receive contacts from –

- potential new clients (self-referrals);
- existing service users;

- other social services teams; and
- other professionals and services.

The Access Team may transfer work to the –

- Locality Teams;
- Out of Borough Hospital Team;
- Sensory and Physical Disability Team;
- Quality Assurance, Contracting and Review Team;
- OT Service; and
- Financial Services Team.

Contacting the Access Team

The public and professionals may contact the Access Team in the following ways

Telephone	020 8871 7707 or 020 8871 8234
Fax	020 8871 6949
Minicom	020 8871 8485
email	accessteam@wandsworth.gov.uk
Letter & Reception Callers	The Access Team, Wandsworth Council, Community Care Division, Lyon House, 102-104 Wandsworth High Street, London SW18 4LA

The Access Team is available between 9:00am and 5pm Monday to Friday and is based at Lyon House, details as above.

- ii) The Learning Disability Service–Protocol currently in development
- iii) The Mental Health service – See separate Protocol:

Working Together to help Children and their Families where there is a Mental Health or Addiction Problem. March 2007. Children’s Specialist Services and Adult Specialist Services run by South West London and St. George’s Mental Health NHS Trust, approved by Wandsworth Safeguarding Children Board.

3.3. What to include in a referral (both services)

This will help your referral to be accepted and will avoid any delays.

Full Name:

Address Including Postcode.

DOB

Client Tel. No's. Mobile, Home, Work, (Please confirm with client that these are correct)

If known: GP name, GP tel no., GP address, NHS number

Reason for referral (presenting problems and effects on social functioning)

How soon do you wish this person to be seen? *24 hrs (emergency)

*1 week (urgent)

4 weeks (routine)

If assessment is requested within 24 hours to 1 week you must identify reasons for urgency.

*please telephone as well as fax all referrals requiring an appointment within less than one week.

Is there a risk of violence to others/concerns regarding children? If the answer is Yes, please give details and state whether a home visit is appropriate.

Other relevant problems/information (i.e. outline of situation, recent problems, medical history, relevant social issues, interpreter required, if yes which language)

4. JOINT WORKING

4.1. Joint Working in Assessment

Wherever possible staff from both Adults and Children's Services should undertake assessment work together through the sharing of information and reaching a shared view where possible on care plans and service inputs.

Managers should therefore encourage and support staff to:

- Undertake Joint visits
- Attend Network meetings
- Attend Child Protection Conference
- Attend Core group meetings
- On specified occasions the child's worker to attend the Adult CPA (Care Programme Approach) Review Meeting.

The Wandsworth Safeguarding Children Board (WSCB) training in safeguarding and child protection is available and all staff should access this.

Contact the Children's Specialist Services, Training Section, London Borough of Wandsworth, 2nd Floor, Welbeck House, Wandsworth High Street, London, SW18 2PS Tel: 020 8871 7787 or Fax: 020 8871 7238 and ask for a copy of the Multi-Agency Training Programme.

Alternatively go to www.safeguardingchildreninwandsworth.org.uk and access the WSCB's Multi-Agency Training Program and booking form online.

4.2. Child Protection Conferences and Core Groups

Wandsworth Safeguarding Children Board has confirmed that all agencies in the Borough should adhere to the London Child Protection Procedures. Copies of these procedures are available to staff in all teams and on line at:

<http://www.londoncouncils.gov.uk/upload/public/attachments/209/LondonChildProtectionProcedures.pdf>

Staff in both Services are expected to adhere to the London Child Protection Procedures.

Attendance at Child Protection Initial and Review Conferences and Core Group meetings is expected for staff from both services directly involved with the family. A written report should be provided to such meetings by any member of staff involved. See Appendix 2.

4.3. Court Work

- a) Children's Specialist Services may issue care proceedings in respect of children where actual or likely significant harm is in evidence.
- b) The needs of the child should always be the paramount consideration.
- c) Where a member of staff employed by Adult Social Services is already involved with the family, he/she may be required to submit witness statements.
- d) If a team member is called to give witness evidence in Care Proceedings they should discuss this with their team manager.
- e) Adults Social Services staff should not be drawn to comment beyond their competence regarding the welfare of the child.
- f) It is important to stress, that in spite of differing opinions, the staff on both sides, should continue to work together and avoid the temptation to criticise each other.

- g) Conflict resolution meetings need to be convened in circumstances where there is conflict by the managers of the two services, in order to allow for open debate within a professionals meeting, and to enable a shared position to be reached if at all possible.
- h) It is also important to ensure that staff from each service recognise that they bring different perspectives and different expertise to bear on the assessment and care plan.

4.4. Geographical Boundary/Residency Issues

Problems can sometimes arise between services because the criteria for access to services are different for local authorities and health. It is important that each service recognise the constraints under which the other is operating. This protocol promotes the principle that vulnerable families with which both services are working and who are at risk of homelessness should if possible, be kept within the Borough. This may involve close joint liaison with the Housing Department to prevent placement outside the Borough. Set out below are the criteria applied by Children's Specialist Services and those applied by Health in respect of "ordinary residence" for funding drug and alcohol rehab programmes:

Children's Specialist Services

Children's Specialist Services will provide a service to a child/family who are resident within the Borough boundaries. The definition of "ordinary residence" can be difficult to define as children may move between family members. Children's Specialist Services will always take into account who holds "parental responsibility" for the child when assessing which Borough should be providing the service. However, in urgent cases where a child's physical safety is in question, the Borough where the child is staying has responsibility for safeguarding interventions. Discussion about which Borough picks up longer term responsibility will then be decided following any action required to make the child safe.

Health Services

In London it has been agreed that Health will take responsibility for all people living within the Borough boundary. This protocol has not been agreed for other parts of the country.

If unsure, contact the relevant team manager or Wandsworth PCT, Commissioning Manager.

Adults Social Services

The Adult Social Services teams are responsible for adults living in Wandsworth and who are deemed to have ordinary residence in the Borough. The Safeguarding of Vulnerable Adults procedures outline the extent of the

responsibility of the Adult Social Services to 'other' adults who are in Wandsworth at the time of the referral. If an adult Wandsworth resident is placed outside the borough by a Wandsworth agency, Social Services or Housing, responsibility to assess the social care needs of that adult remain with the Adult Social Services Department. If you are unsure about responsibility contact the Access Team (details as earlier – Section 3))

4.5. Assessments and Funding Issues

- a) Where it appears that a parent may be in need of any of the Community Care services that we as a local authority provide, then the Adults Social Services should assess the person's needs for those services under Section 47(1) of the NHS and Community Care Act 1990. In addition, if a parent comes under the legal definition of a disabled person they have a right to have their needs assessed for the services, adaptations and equipment provided under Section 2 of the Chronically Sick and Disabled Persons Act 1970. This assessment should take place regardless of whether Children's Specialist Services have a responsibility under the Children Act 1989 and are using or intend to use the "Framework for the Assessment of Children in Need and their Families".
- b) If a parent with disabilities who may be in need of Adults Social Services comes to the notice of Children's Specialist Services and has not been assessed under the NHS Community Care Act 1990, Children's Specialist Services must refer that person to the appropriate team in the Adults Social Services for assessment. For learning disability this is the Community Health and Social Care Service for Adults and Learning Disabilities at the Joan Bicknell Centre. For physical disability it is the Sensory/Physical Disability Team based at Lyon House. Referrals for this team should be made via the Access Team, contact details as at Section 3.
- c) Where a parent with disabilities is being assessed by Adults Social Services under the NHS and Community Care Act 1990 and is not known to the Children's Specialist Services, the Adults Social Services should consider whether the child is "in need" under the Children Act 1989. If Adults Social Services consider the child to be "in need" then a referral should be made to the duty officer in Referral and Assessment in the Children's Specialist Services. If caring services for the child are needed (e.g. to get them up in the morning, to take them to school, to take responsibility for them in the home) then a referral should always be made to Children's Specialist Services. If there is uncertainty as to whether a referral is appropriate, the Team Manager in the Adults Social Services should discuss the care with Children's Specialist Services. The responsibility for determining whether a child is in need rests with the Children's Specialist Services.

- d) Where social work staff from both Services are involved in assessment and ongoing work, there should be active liaison between the two workers. Meetings/conferences etc., whether arranged by Children's Specialist Services or the Adults Social Services, should be attended by both workers unless agreed otherwise.

4.6. Conflict Resolution through Managers

It is acknowledged that conflicts around case planning may arise. In such cases all efforts should be made to resolve conflict between the professionals through debate, or through communication between direct line managers.

Cases which have to be referred up the hierarchies for resolution, are also bound to arise from time to time. However, this protocol is designed to assist staff in resolving issues themselves wherever possible.

This protocol endorses the principle that conflict resolution must be secured as swiftly as possible in such cases, through clear decision making by managers.

5. Information Sharing

Sharing of information amongst practitioners working with children and their families is essential. In many cases it is only when information from a range of sources is put together that a child can be seen to be in need or at risk of harm.

However a decision whether to disclose information may be difficult if you think it may damage the trust between you and your patient or client.

Appendix 3 entitled "information sharing" of what do to do if you're worried a child is being abused, provides detailed guidance on all the issues. You are advised to refer to this. You can access it via www.doh.gov.uk/safeguardingchildren/index.htm

If unsure talk to your manager or the Caldicott Advisor for the Council (Peter Mills in Adult Social Services)

The Government has issued guidance in respect of information sharing entitled: Information Sharing: Practitioners' Guide and is available on: <http://www.everychildmatters.gov.uk/files/ACB1BA35C20D4C42A1FE6F9133A7C614.pdf>

APPENDIX 1

Urgent referrals, where there are immediate child protection concerns, should be made by telephone.

Followed by this written referral, which should be faxed to the Children’s Specialist Services.

Children/Young Person/s being referred				
Family Name	Forename	DoB (dd/mm/yyyy)		Gender
(i)		/	/	M/F
(ii)		/	/	M/F
(iii)		/	/	M/F
)		/	/	M/F
(iv)		/	/	M/F
)		/	/	M/F
Home Address		Tel No		
Current address (if different)		Tel No		
2. Family Members				
Principal Carers:		Relationship to child.		Parental responsibility
Name				Yes <input type="checkbox"/> No <input type="checkbox"/>
Name				Yes <input type="checkbox"/> No <input type="checkbox"/>
Siblings				
Name		DoB		
Name		DoB		
Name		DoB		
Other Family Members				
Name		Relationship to child		
Address (if different from above)				
Name		Relationship to child		
Address (if different from above)				
Name		Relationship to child		

APPENDIX 1

Address
(if different from
above)

3. Key Agencies (Please give name and Tel No.)

HV	Tel
Children's Centre/Nursery	Tel
School	Tel
Youth Offending Team	Tel
CAMHS/adult Mental Health	Tel
School Nurse	Tel
GP	Tel
EWO	Tel
Police	Tel
Dentist	Tel
Community Paediatrician	Tel
Other	Tel

APPENDIX 1

Reason for referral/request for services:

Are Parent/Carers aware of referral Yes No

4. Child/Young Person's Developmental Needs

HEALTH (incl. immunisation history if possible)

DEVELOPMENT ISSUES (wherever possible include comments on: motor skills, speech and language, cognitive skills, emotional and behavioural development , identity and presentation)

EDUCATION (include early learning experiences and note Baseline Assessment, SATS or GCSE results).

!Unexpected End of Formula Date	Subject	Results

APPENDIX 1

FAMILY AND SOCIAL RELATIONSHIPS



APPENDIX 1

PARENTS /CARER'S CAPACITIES TO RESPOND APPROPRIATELY TO THE CHILD/YOUNG PERSON'S NEEDS

The research shows that the following are most likely to affect parenting capacity: physical illness; learning disability, substance misuse, domestic violence, childhood abuse, history of abusing children.

Ensuring
Safety

Emotional
Warmth

Stimulation

Stability

Guidance and
Boundaries

Issues affecting parents/carers' capacities to respond appropriately to the child/young person's needs.

Family and environmental factors which impact on the child and family

Housing

Family history and Functioning

Social resources: wider family, community resources; social integration

Employment, income (please include information concerning known financial difficulties)

APPENDIX 1

RACE RECORD KEEPING

Black or Black British	Asian or Asian British	White	Mixed
<input type="checkbox"/> Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> British	<input type="checkbox"/> White/Black Caribbean
<input type="checkbox"/> African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Irish	<input type="checkbox"/> White/Black African
<input type="checkbox"/> Black British	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other White Background (specify)	<input type="checkbox"/> African/ Caribbean
<input type="checkbox"/> Other Black Background (specify)	<input type="checkbox"/> Other Asian Background (specify)	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other ethnic background (specify)
			<input type="checkbox"/> Background Not given
Child/Young Person's Religion		Parents' first language	
Child/Young Person's Language		Does he/she understand English	YES <input type="checkbox"/>
		NO <input type="checkbox"/>	

Are there any factors which staff or childminders need to be aware i.e. a history of violence; incidents of domestic violence other hazards, etc.

Name of worker (completing this referral – please print)

Agency
Address

Tel

Signature of worker (completing this referral)

Date

Signature of Parent/Carer

Date

Please note: if you are completing this application electronically, you will be asked to sign the form if you are invited to an interview.

For Children's Specialist Services Use Only

Date Referred	Further Action Advice and Information only
Primary Need Code N	Initial Assessment start date
Secondary Need Code S	
SSD Ref: No	Core Assessment start date
Duty Manager	Referral to other agencies (specify)

APPENDIX 1

Response to Parent/Carer/Young Person	No further action and closed
Response to Referrer	Closure code

Once completed, please return this form to:
Children & Families Referral and
Assessment Team
Welbeck House
43-51 Wandsworth High Street
SW18 2PT
Tel: (020) 8871 6622
Fax: (020) 8871 6333

SS.1374 (e) rev11.04

If your referral is for Under 8s
Services, please return to:
Under 8's Manager
Resources Sector
Welbeck House
43-51 Wandsworth High Street
SW18 2PT
Tel: (020) 8871 7344
Fax: (020) 8871 8505

APPENDIX 2

REPORT TO A CHILD PROTECTION MEETING FOR ADULT SOCIAL SERVICES STAFF

Name of Author:	
Designation:	

Date of conference/core group meeting:	
--	--

FAMILY DETAILS

	Name	DOB
Name or parent/carer and date of birth:		

Addresses:		
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	Name	DOB
Name of children and date of birth:		

Brief History of Agency Involvement:

Services provided:

Observations of Child/Parent/Child Interaction:

Any Other Comments:

Signed: _____

Date: _____