

**WORKING TOGETHER TO
HELP CHILDREN
AND THEIR FAMILIES,
WHERE THERE IS A MENTAL
HEALTH OR ADDICTION
PROBLEM**

**PROTOCOL: CHILDREN'S SPECIALIST SERVICES AND ADULT
SPECIALIST SERVICES RUN BY SOUTH WEST LONDON & ST
GEORGE'S MENTAL HEALTH NHS TRUST**

Approved by Wandsworth Safeguarding Children Board



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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 child protection professionals.

It is important to note that the fact that a person has a mental health or substance misuse issue does not of itself mean that he/she cannot be a good parent to a child.

Mental Health Issues

National research has shown that the children of parents with mental health problems, are more likely to require services and support as children in need, are more likely to experience health problems or developmental delay, and may even require alternative care at times. In a few, exceptional cases mentally ill parents will not be able to care safely for their children and the children will be exposed to abuse (potentially fatal in extreme cases) without appropriate protection. Falkov's¹ study of 100 child deaths identified parental psychiatric disorder in one third of cases.

Substance Misuse Issues

“Hidden Harm” the report of an inquiry by the Advisory Council on the Misuse of Drugs, was published in 2003. The six key messages from the inquiry were:

- It is estimated there are between 250,000 and 350,000 children of problem drug users in the UK – about one for every problem drug user.
- Parental problem drug use can and does cause serious harm to children at every age from conception to adulthood.
- Reducing the harm to children from parental problem drug use should become a main objective of policy and practice.
- Effective treatment of the parent can have major benefits for the child.
- By working together, services can take many practical steps to protect and improve the health and well-being of affected children.

¹ Falkov A. : Fatal Child Abuse and Parental Psychiatric Disorder. DoH 1996

- The number of affected children is only likely to decrease when the number of problem drug users decreases.

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 including NHS Trusts 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 NHS Trust must make arrangements for ensuring that their function 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

2. MAKING REFERRALS TO CHILDREN'S SPECIALIST SERVICES

Staff from the South West London and St. George's Mental Health NHS Trust 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 child protection lead within your team or your team leader. Advice is also available from

the named doctor or nurse for child protection or your general manager/
professional lead

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

- All new referrals to Children's 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 from April 2006 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 Specialist Services team at the hospital following the above procedure. The Duty number is 020 8725 – 1719
- When a worker from South West London and St. George's Mental Health NHS Trust 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.
- Private Fostering

A private fostering arrangement is when a child under 16 (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's Specialist 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. Trust 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 Specialist 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

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

FAMILY PLUS

Team manager
0208 871 6418
Support Team for Kinship
Carers/Private Fostering
Carers/Adopters

Emergency Duty Team
Manager – Beverley Roberts
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
Manager: Laura Williams
0208 871 6326

Roehampton
Team Manager
Denise Lawes
0208 871 7215

Battersea
Team Manager
Graham Ososki
0208 871 7319

Putney & Southfields
Team Manager
Carol Turton
0208 871 6985

Earlsfield
Team Manager
Liisa Jordan
0208 871 7327

Tooting
Team Manager
Adam Davis
0208 871 7142

Children who enter care are transferred to:

CHILDREN LOOKED AFTER SERVICE
Manager – Paul McCarthy
0208 871 6295

CLA 1
Team Manager
Hillary Galloway
0208 871 7390

CLA 2
Team Manager
Asad Asaduzzaman
0208 871 7004

CLA 3
Team Manager
Andrew Carter
0208 871 6991

Young People who are still in care beyond age 16 are transferred to:

16+ SERVICE
Independent Living Service
Manager – Michele Harris/Sharon Vickers
0208 871 7272

3. REFERRALS TO ADULT MENTAL HEALTH AND SUBSTANCE MISUSE SERVICES

3.1 Access to Adult Mental Health Services is primarily via the Community Mental Health Teams (CMHT)

CMHTs are multidisciplinary. CMHTs are aligned to GP practices with a 'safety net' catchment area for those not registered with a Wandsworth GP. For most patients, treatment will be provided on an outpatient or domiciliary basis by the most appropriate member of the team.

Balham and Tooting	020 8682 6431
Tooting and Furzedown	020 8682 6439
Battersea Junction	020 8682 5852
West Battersea	0208 812 5050
Putney	020 8487 6857
Roehampton	020 8487 6845
Central Wandsworth	0208 812 5060

Monday – Friday 9.00 a.m. – 5.00 p.m.

Out of hours – Contact Accident and Emergency at St George's or contact out of hours GP.

For more information on any of the Mental Health Trust Services, look on www.swlstg-tr.nhs.uk

All appropriate routine referrals will be offered an initial assessment within four weeks. See timescales for urgent and emergency referrals below.

DEFINITION OF URGENT AND EMERGENCY REFERRALS AND RESPONSE TIME

**Emergency referral – to be seen within 24 hours
Urgent referral – to be seen within 7 days**

MAIN DEFINING CRITERIA

EMERGENCY REFERRAL

Client or other in imminent danger

URGENT REFERRAL

Client or others at significant risk

CRITERIA TO CONSIDER

EMERGENCY REFERRAL

- **Serious risk** of suicide (e.g. severe depression with suicidal intent)
- **Imminent** danger to self/others (history is relevant)
- Risk to children
- Sudden deterioration of mental state if **on supervision register** (taking history into account)

URGENT REFERRAL

- Risk of harm to self/others
- Acute onset of serious self-neglect
- Sudden onset of acute psychosis if disorder previously unknown.
- Sudden deterioration of mental state in person known to be at risk (taking history into account)

OTHER FACTORS TO TAKE INTO ACCOUNT

- Social factors on their own are **not** sufficient to make a referral an emergency/urgent – only if associated with **serious** risk/one of the above factors.
- Where possible referrers should **clarify** whether they see referrals as urgent/emergency and the reason for this
- Where possible discussion between referrer and CMHT about possible urgent/emergency referrals should occur **before** team makes a response.
- Emergency referrals **must** be **discussed** with one of the doctors on the Team.

3.2 Substance Misuse Services for Wandsworth Residents

There are two multi-disciplinary Drug teams and one Alcohol team providing assessment, in- and out-patient detoxification, Counselling support, and group work. Service users may also access onward referral to residential rehabilitation or Day Programmes. Aftercare in the form of support with housing problems, education and training for work is also offered.

The main criteria for referral are that the person is experiencing problems with substance misuse and is willing to receive help. Willingness to receive treatment can be difficult for the referrer to assess, and may fluctuate. Referrers should not be deterred from making a referral if they are concerned, but the client should always be informed. People can self-refer to substance misuse services.

Advice may be sought over the telephone from individual teams. Written referrals are *expected* from other professional agencies; however telephone enquiries are welcomed in urgent cases, but should be followed up in writing. There is not a required format for referral but see guidance below in 3.3.

WHERE TO REFER

There is a single point of contact (SPOC) for substance misuse services – available 24hours. Tel 020 8875 4400 If you are unsure which service to access, seek advice via this route.

<http://www.careline.org.uk/Categories.asp?WSCAT=MH>

Clients with a **primary alcohol** dependence

COMMUNITY ALCOHOL TEAM

White Lodge, Springfield Hospital, Glenburnie Road, SW17 7DJ

Tel 020 8682 6931

Fax 020 8682 6937

Clients with a **primary drug** problem

The Community Drug Project (CDP)

The Source

Drop in Service – open at weekends and evenings

Tel: 020 7498 6149

<http://www.communitydrugproject.org.uk/>

BUMPS

This is a service based in maternity at St George's Hospital with Children and Family staff, drugs workers etc. all present. Therefore all SMU parents should be referred as they will have the support of one midwife who will have the support and knowledge to look at support needs around SMU.

Contact: "BUMPS" Ante-Natal Clinic, Ground Floor, Lanesborough Wing, St George's Hospital, Blackshaw Road, Tooting, SW17 0QT

Phone: 020 8725 2712

ADDICTION TREATMENT CENTRE

Queen Mary's Hospital, Roehampton Lane, SW15 5PN

Tel: 020 8487 6335

Offers Service to these areas:

Roehampton

Southfields

Putney

West Hill

WANDSWORTH COMMUNITY DRUG TEAM

92 Garratt Lane SW18 4DG

Rest of the Borough

Tel 020 8812 4120

Fax 020 8812 4119

See Careline Website for more detail: <http://www.careline.org.uk/>

Tel: 020 8875 0500

3.3 What to include in a referral (both services)

Including as much of the information listed below as possible will help your referral to be accepted and will avoid any delays.

Full name.

Address including postcode.

DOB.

Client Tel. Nos: 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 problem + effects on social functioning)

Are you aware that this person has a history of mental illness?

Details if yes

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

*1 week (urgent)

4 weeks (routine)

If assessment is requested within 24hrs 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 (ie outline of situation, recent problems, medical history, relevant social issues, interpreter required, if yes which language)

For substance misuse specifically:

Is this person currently in treatment with their GP? (Is the GP prescribing methadone, DF118 or Subutex?)

Where are they claiming their benefits?
What drugs are they currently using?

What are you asking for from the substance misuse team? (prescribing? detox? CCA? Not sure?)

Name of referrer
Date of referral
Signature

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 Safe Guarding Board training in child protection is available and all staff should access this.

Contact the Children and Families Training Section, London Borough of Wandsworth, Children's Specialist Services Dept, 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.

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

- 4.3.1** Children's Specialist Services may issue care proceedings in respect of children where actual or likely significant harm is in evidence.
- 4.3.2** The needs of the child should always be the paramount consideration.
- 4.3.3** Where a member of staff employed by the Trust is already involved with the family, he/she may be required to submit witness statements.
- 4.3.4** Giving professional (as distinct from expert) medical evidence in court proceedings requires patient consent, or alternatively under *sub poena*.
- 4.3.5** If a team member is called to give witness evidence in Care Proceedings they should discuss this with their team manager.
- 4.3.6** Trust staff should not be drawn to comment beyond their competence regarding the welfare of the child.
- 4.3.7** 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.
- 4.3.8** 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.
- 4.3.9** 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 with 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.

<http://www.everychildmatters.gov.uk/files/DB73F83D55A6BE5728AE909CD7C5E075.pdf>

4.5 Joint Funding Issues

4.5.1 Residential and community based treatment for parents with substance misuse problems

Admissions to residential rehabilitation units may be arranged as part of the care plan through the community drugs team. For the adults concerned, funding is provided on the recommendation of the community drugs team or community mental health team. Where there is a proposal for a child to enter residential with her/his parent a referral should always be made to Children's Specialist Services to enable an assessment of the child's needs to be made. Children's Specialist

Services may conclude, following assessment, that the children should accompany the parent in which case Children's Specialist Services will fund the child. Alternatively, Children's Specialist Services may conclude that it is not in the child's best interests to enter into a rehabilitation unit, in which case the plan may include:

- Placing the child with extended family or the other parent.
- Placing the child in foster care

Care proceedings may need to be issued in some situations if the parent is not in agreement with such a plan.

Please note that the child's interests are paramount.

4.5.2 Mental Health Cases Mother and Baby Placements

The mother and baby (perinatal) unit at Springfield Hospital has four places.

This unit allows women who have a child under 9 months, and who have a mental illness, to receive treatment in hospital whilst not being separated from the baby.

Children's Specialist Services will need to conduct a parenting assessment in these cases whilst the mother is receiving treatment. The two services need to work jointly in such assessments sharing information, to enable the formulation of a care plan, which meets the needs of both the child and the mother.

Referral to this resource is via the consultant at the mother's CMHT direct to the Lead Consultant, for the Mother and Baby Unit, Andy Kent. Emergency referrals may be discussed directly with the ward manager or nurse in charge on 020 86826266.

Children's Specialist Services may identify the need to use this resource during a pre-birth assessment. In these cases, referral must be made to the relevant CMHT as early as possible.

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

The Council and the South London and St. George's NHS Trust have jointly signed an information sharing protocol on 18th October 2006. This promotes the principles of information sharing outlined in this protocol.

If unsure talk to your manager or Caldicott Advisor.

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 Department.

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

FAMILY AND SOCIAL RELATIONSHIPS

APPENDIX 1

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

1. 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

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

3. 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

Tel

Address

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)
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

REPORT TO A CHILD PROTECTION MEETING FOR TRUST STAFF

Name of Author:	
Designation:	

Date of conference/core group meeting:	
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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:

Diagnosis/Prognosis/Treatment:

Observations of Child/Parent/Child Interaction:

Any Other Comments:

Signed: _____ **Date:** _____