

Referral Action

Managers decision form (to be attached to sc1 and completed Within 24 hours)

FAMILY NAME	REFERENCE NUMBER	DATE SC1 RECEIVED

ACTION REQUIRED	SERVICE PROVIDER	DATE
No further action / close (CIS) <input type="checkbox"/>		
Information noted / no further action (CIS) <input type="checkbox"/>		
Open case - forwarded to relevant team <input type="checkbox"/>		
Agency checks required (Form SC3) <input type="checkbox"/>		
Redirected to another agency / close (CIS) <input type="checkbox"/>		
Initial assessment to be completed note expected completion date (within 7 days Of referral) <input type="checkbox"/>		
Section 47 - set up strategy meeting note Date (within 7 days of referral) <input type="checkbox"/>		
Strategy meeting - complete SC4 Electronic copy to SGSS <input type="checkbox"/>		
Core assessment form / CIS <input type="checkbox"/>		
Note any other actions required <input type="checkbox"/>		

Managers Signature:

Record of Agencies Consulted

DETAILS OF CHILD / CHILDREN WHO ARE THE SUBJECT OF CONCERN					
Surname / Alias	Forename	DoB	M/F	Ethnic Origin	Lang
Home Address					
Post Code	Tel No.		Mobile No.		
Current Address (if different)					
Post Code	Tel No.		Mobile No.		
INVESTIGATING SOCIAL WORKER					
COMPLETION DATE					
MANAGER					
VERIFICATION DATE					

POLICE	CONTACT NAME TELEPHONE NO.	INFORMATION PROVIDED	DATA RECORDED ON FILE
Child Abuse Unit			
CID			
Domestic Violence			
Other			
HEALTH			
Paediatrician			
GP			
Midwifery			
Health Visitor			
School Nurse			
CAMHS			
CPN			
Addiction Services			
Other Service			
EDUCATION			
Nursery Provider			
School			
Education Welfare			
Psychological Services			
Other Service			
CHILDREN'S SERVICES			
Family Centre			
Children's Centre			
Residential			
Locality/LAC/YOT/CWD Team			
Other Service			
OTHER AGENCY			
National Probation Service			
Legal			
Housing			
Teenage Pregnancy Unit			
Other			

Record of Strategy Discussion

This provides a record of the decisions of a strategy discussion/meeting. In some situations, it may be appropriate for a strategy meeting/discussion to consider all children/young people living in a household. Where this occurs, a separate record should be completed for each child/young person.

CHILD / YOUNG PERSON'S DETAILS

Family Name:

Given Name:

DoB or Expected Date of Delivery:

Male Female Unknown

Address:

Post Code:

Tel:

CSSR Case Number:

DISCUSSION DETAILS

Date of Discussion

Agencies involved in strategy discussion

NAME	AGENCY	ROLE	TELEPHONE NO.

REASON FOR AND PURPOSE OF STRATEGY DISCUSSION

DECISIONS (Please tick appropriate boxes)

Section 47 Enquiries as part of Core Assessment	<input type="checkbox"/>	Core Assessment (S.17)	<input type="checkbox"/>
Police Investigation	<input type="checkbox"/>	Referral to other Agency	<input type="checkbox"/>
Disciplinary Procedures	<input type="checkbox"/>	No further Action	<input type="checkbox"/>

REASON FOR DECISION(S)

FURTHER ACTIONS (include any further actions required, by whom and within what timescale)

Medical examination required Yes No

If yes, when will this take place: Date:

Name of medical examiner:

Achieving best evidence interview required Yes No

If yes, when will this take place:

Name of agency interviewer:

Has child interview plan record been completed?: Yes No

Name and agency person responsible for the plan:

Initiate emergency legal action?: Yes No

If yes, when will this be initiated:

Is a further strategy discussion planned: Yes No

If yes, when will this take place:

FURTHER ACTIONS (include any further actions required, by whom and within what timescale)

ACTIONS TO BE TAKEN	PERSON/AGENCY RESPONSIBILITY	DATE FOR COMPLETION

Name and signature (manager responsible for strategy discussion)

Date:

Notification Outcome S47 investigation

This form records the end date of the child protection investigation. To be completed within 15 days of the strategy meeting if the case is not going to safeguarding children conference. The purpose of this form is to advise all professionals involved of the outcome of the investigation and the basis on which a decision has been made not to take the matter to conference.

DETAILS OF CHILD / CHILDREN WHO ARE THE SUBJECT OF CONCERN

Surname / Alias	Forename	DoB	M/F	Ethnic Origin	Lang

Family Name (if different to children above)

Address

OUTCOME OF THE INVESTIGATION

INCLUDE: A summary of the interview outcomes / medical outcomes and risk assessment.

FUTURE SERVICE PROVISION

Family support activity proposed

Yes No

SERVICES identified to address NEED are:-

SOCIAL WORKER

MANAGER

A Copy of this form must be forwarded to the Safeguarding Children Support Service within 15 days of the Strategy Discussion.

Date:

INVESTIGATION END DATE RECORDED ON CIS

Date:

Initials:

Wolverhampton safeguarding children board Initial child protection conference report

Date of Conference

The purpose of the initial conference is to share multi-agency information following a section 47 investigation into concerns of (state category). The conference will consider whether (name of child) is at risk of significant harm and in need of a multi agency protection plan.

CHILD / YOUNG PERSON'S DETAILS

Name:

Date of Birth:

Address:

DETAILS OF FAMILY AND SIGNIFICANT OTHERS

Name:

Relationship to Child:

Consulted:

Yes No

OTHER AGENCIES CONSULTED DURING THE ASSESSMENT

Name:

Role:

DATE CORE ASSESSMENT COMMENCED

DATE CORE ASSESSMENT CONCLUDED

REASON FOR INITIAL CHILD PROTECTION CONFERENCE

BRIEF CHRONOLOGY OF RELEVANT INFORMATION

CHILD'S DEVELOPMENTAL NEEDS: Provide a summary of all salient information gathered during the initial assessment and section 47 enquiries as part of the Core Assessment.

HEALTH

Childs Needs:

Parenting Capacity:

Child / Young Persons wishes and views:

Parent / Carers wishes and views:

EDUCATION

Childs Needs:

Parenting Capacity:

Child / Young Persons wishes and views:

Parent / Carers wishes and views:

EMOTIONAL AND BEHAVIOURAL DEVELOPMENT

Childs Needs:

Parenting Capacity:

Child / Young Persons wishes and views:

Parent / Carers wishes and views:

IDENTITY

Childs Needs:

Parenting Capacity:

Child / Young Persons wishes and views:

Parent / Carers wishes and views:

FAMILY AND SOCIAL RELATIONSHIPS

Childs Needs:

Parenting Capacity:

Child / Young Persons wishes and views:

Parent / Carers wishes and views:

SOCIAL PRESENTATION

Childs Needs:

Parenting Capacity:

Child / Young Persons wishes and views:

Parent / Carers wishes and views:

SELF CARE SKILLS

Childs Needs:

Parenting Capacity:

Child / Young Persons wishes and views:

Parent / Carers wishes and views:

FAMILY AND ENVIRONMENTAL FACTORS THAT IMPACT ON THE CHILD AND THEIR FAMILY

Summary of strengths and concerns:

ANALYSIS OF CHILD / YOUNG PERSON'S NEEDS

CONCLUSION AND PLAN FOR INTERVENTION

RECOMMENDATIONS TO CONFERENCE

I confirm that I have read and / or been informed of the above assessment and plan for intervention:

Child / Young Person:

Date:

Parent /Carer:

Date:

Social Worker Completing Assessment:

Team Manager:

Wolverhampton safeguarding children board Multi agency child protection plan

Initial child protection plan

The overall aim of this plan is to:

- Ensure the child is safe and prevent him or her from suffering further harm.
- Promote the child's health and development.
- To support the family and wider family members to safeguard and promote the welfare of the child.

The plan should be constructed with the involvement of the child, the child's parents / carers and relevant agencies. The Child Protection Plan is a multi-agency plan and individual agencies are required to take responsibility for implementing those parts which relate to them.

Name:

Date of Birth:

Address:

Registration Category:

Date of Registration:

Next Review Conference Date:

FAMILY DETAILS

a) Those with parental responsibility

NAME	RELATIONSHIP	ADDRESS

b) Other members of the household and significant others

NAME	RELATIONSHIP	ADDRESS

KEYWORKER :	
GP:	

CORE GROUP MEMBERS

Name:

Contact details, email, telephone or address:

WHAT NEEDS TO CHANGE: Targets for reducing risks / Targets for De-registration

DETAILS OF INDIVIDUAL ROLES AND MONITORING BY CORE GROUP MEMBERS AND OTHER SIGNIFICANT PROFESSIONALS

Consider: Assessment, therapeutic work, monitoring, support, addressing the child's development needs, parenting capacity and family and environmental factors.

Consider: What, who, when with clear timescales.

ACTION REQUIRED	TIMESCALE	ACTION BY

CONTINGENCY PLAN: WHAT ACTION WILL FOLLOW IF THE PLAN IS NOT WORKING

ACTION REQUIRED	TIMESCALE	ACTION BY

DATE OF NEXT CORE GROUP MEETING:

KEYWORKER	
SIGNATURE	
DATE	
PARENT / CARER	
SIGNATURE	
DATE	
CHILD / YOUNG PERSON	
SIGNATURE	
DATE	
MANAGER	
SIGNATURE	
DATE	

DISTRIBUTION	DATE SENT
Copy to Core Group Members	
Copy on file	
Copy to family	
Copy to Safeguarding Service	

DATE OF CHILD PROTECTION PLAN	CODE	TEAM	NO.	REVIEW DATE (NEXT CORE GROUP MEETING)	ON CIS (INITIAL)
	CPP		01		

Wolverhampton safeguarding children board Multi agency child protection plan

Every Child Protection Plan should be reviewed by the Core Group on at least a two monthly basis in order to ensure that the Protection Plan is adequately protecting the child and to ensure that all professionals and family members engaged in the protection of the child are clear about their role in monitoring and implementing the plan.

NAME OF CHILD	
DATE OF BIRTH	

DATE OF CORE MEETING	
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PEOPLE PRESENT

NAME	CONTACT DETAILS

EVALUATION OF THE PLAN: (for second and subsequent core group meetings)

Summarise what has gone well, what requires further action and monitoring, what changes are required to the original plan: Is an ongoing Child Protection Plan required. (Note details should address progress against actions agreed in the initial child protection plan)

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WHAT NEEDS TO CHANGE: Targets for reducing risks / Targets for De-registration

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DETAILS OF INDIVIDUAL ROLES AND MONITORING BY CORE GROUP MEMBERS AND OTHER SIGNIFICANT PROFESSIONALS

Consider: Assessment, therapeutic work, monitoring, support, addressing the child's development needs, parenting capacity and family and environmental factors.

Consider: What, who, when with clear timescales.

ACTION REQUIRED	TIMESCALE	ACTION BY

CONTINGENCY PLAN: WHAT ACTION WILL FOLLOW IF THE PLAN IS NOT WORKING

ACTION REQUIRED	TIMESCALE	ACTION BY

DATE OF NEXT CORE GROUP MEETING:

KEYWORKER	
SIGNATURE	
DATE	
PARENT / CARER	
SIGNATURE	
DATE	
CHILD / YOUNG PERSON	
SIGNATURE	
DATE	
MANAGER	
SIGNATURE	
DATE	

DISTRIBUTION	DATE SENT
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DATE OF CHILD PROTECTION PLAN	CODE	TEAM	NO.	REVIEW DATE (NEXT CORE GROUP MEETING)	ON CIS (INITIAL)
	CPP		01		

Line Management Case Monitoring Form Child with a Child Protection Plan

3 Months Practice Manager

6 Months Team Manager

DETAILS OF CHILD					
Surname / Alias	Forename	DoB	M/F	Ethnic Origin	Lang
Home Address					
Post Code	Tel No.	Mobile No.			
Current / Care Address (if applicable)					
Post Code	Tel No.	Mobile No.			

DATE	
Child protection registration	
Allocated to present keyworker	
Last child protection plan	
Last child protection conference	
Core groups since registration	
DATES CHILD SEEN	
KEYWORKER SIGNATURE	
DATE	
PASSED TO LINE MANAGER	
DATE RECEIVED BY LINE MANAGER	

LINE MANAGEMENT CASE MONITORING

Is the child protection plan up to date Yes No

If NO, please provide details of timescale set for completion and any additional action required.

Have the recommendations of the last child Protection conference been implemented? Yes No

If NO what action is required?

Have the decisions made by the core group been Implemented? Yes No

If NO what action is required?

Is the case recording complete and up-to-date Yes No

When did you last sign the case file in order to validate the contents

Date

Signed :

Team Manager / Practice Manager

DEPUTY HEAD OF SERVICE LINE MANAGEMENT CASE MONITORING	DATE
Passed to Deputy Head of Service	
Received by Deputy Head of Service	
Returned to Keyworker / Team Manager	
Copy sent to Safeguarding Service	
Next Monitoring Form Due	

DEPUTY HEAD OF SERVICE COMMENTS

Signed Deputy Head of Service:

Date:

Enquiry to the Child Protection Register/Dangerous Adult Database

DETAILS OF CHILD\REN/ADULT(S) WHO ARE THE SUBJECT OF CONCERN

SURNAME/FORENAME/ALIAS	ADDRESS	D.O.B

ENQUIRER DETAILS/NATURE OF ENQUIRY

NAME/AGENCY/STATUS	ADDRESS	TEL NO.

CHECKS	YES/NO
Client information system	
Safeguarding service records: current archived	
Dangerous adult database	
Other organisations	

ACTION	DATE

Signed

Team Manager

Date