

Appendix C1, C2 and C3 – Sevenoaks District Council Policy for the Protection of Children and Vulnerable Adults

Appendix C1: SDC Notification Form

This form is to be used to report all suspicions or allegations of abuse or a serious incident and is to be sent to the Council's nominated Child Protection Officer as soon as possible. (Use additional pages if necessary).

1. Your name and designation and the name and designation of anyone else who has been involved in collecting information
2. The date, time and place that you were advised of the Incident <u>or</u> when you became suspicious of abuse.
3. The names, addresses and telephone contact details of any witnesses to the incident.
4. The name and address and telephone contact details of the person making the allegation.
5. The name, address and (if known) the telephone number of the alleged victim of the incident
6. Brief account given of the incident including if any abuse has occurred.
7. If applicable, describe any injuries which have been observed (e.g. cuts, bruises, burns etc. and where on the body they were observed).
8. If the incident relates to neglect, please describe the conditions that are in place that have led to the need to take safeguarding action , e.g. state of the home, clothing or the child or vulnerable adult

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Guidance on issues relating to children for use with form at Appendix C2 - Kent Safeguarding Board: Specialist Children's Services Child in Need and Child Protection Referral Form

A note on parental consent: A 'child in need' referral cannot be accepted without the parent/carer's consent. If the parents/carers do not consent to a child in need and the concerns do not meet the criteria for child protection, then the referrer could consider using the Common Assessment Framework and Team Around the Child (when their own training permits). However, should the referrer have concerns about the child's needs which they consider may be increased due to the parents/carers' refusal to engage in the child in need process, then it is essential that they consult with the Central Duty Team.

Definitions:

- Child protection: 'Child or young person. Where a child is at risk of significant harm, through neglect, physical, emotional or sexual.' Section 47 of the 1989 Children Act.
- Child in need – 'is unlikely to achieve or maintain a reasonable standard of health or development' and/or 'health or development is likely to be significantly impaired' Section 17 of the 1989 Children Act.
- Common Assessment Framework (CAF): Aims to identify, at the earliest opportunity, a child's or young person's additional needs which are not being met by the universal services they are receiving, and provide timely and co-ordinated support to meet those needs. CAF involves completion of standardised paperwork and requires the informed consent of the young person or parent/guardian as appropriate. Advice regarding the use of CAF and training for CAF can be obtained from the CAF Coordinator in Specialist Children's Services.
- Team around the Family (TAF - If the CAF identifies that multi agency support is required to meet the needs of the child and family then this team (of agencies) becomes the Team around the Family. The parent and the TAF must then agree who is best placed to become the lead professional.



This form is to be used by all agencies when referring a child to Specialist Children's Services. The more information received at the first point of contact, the more likely it is that appropriate services will be delivered at the earliest opportunity to help children and their families.

BEFORE PROCEEDING – PLEASE CONSIDER - Have you consulted within your own agency about this referral? If so, was it agreed that a referral was required?

1. Child's First Name/s:		Child's Surname:		
Any alternative name:				
Date of Birth or EDD	Gender (M/F) Male	Religion Please select:	First Language Please select (A-F): Please select (G-Pe) Please select (Po-T): Please select (U-V):	
Name of Parents/Carers:				
Home Address:		Any other relevant addresses		
Post Code: Telephone Number/s:		Post Code:		
Ethnic Origin [Please choose one category and select from the drop-down menu]				
White Please select:	Mixed Please select:	Asian or British Asian Please select:	Black or Black British Please select:	Other Ethnic Groups Please select:

Other Significant Family Members / Adults			
Name	Relationship	Date of Birth	Contact Details

3. Professionals involved with the child, for example GP, Health Visitor, School:

Role	Name	Address	Telephone

Have you had a consultation with Specialist Children’s Services (0300 333 5647)? If so, what advice were you given? Please include the consultation number and a copy (if available).

Has a CAF been completed in respect of this child? If not, has this been considered?
If a CAF has been completed, please attach a copy of the CAF and most recent plan.

Why are you referring this child to Specialist Children’s Services today?
[Please identify your specific concerns and comment on what you think the family need from Children’s Services. State how long you have known the child and in what capacity, i.e. as teacher, doctor, etc.]

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7. What information do you know about this child:

[Include all relevant information about the child, i.e. about their development, health, behaviour, their views about the referral, their views about the issues/concerns, etc. If you have information such as a chronology, body maps or centile charts, please attach].

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8. What information do you know about the child's parent(s) and wider family:

[Include relationships, friendships, behaviour, support, stability, safety, English is their second language, parent unable to read, substance misuse, etc.].

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What information do you know about the wider environmental factors which may impact on the child: *[Consider for example, housing issues, who is working in the household, financial situation, community and social involvement.]*

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10. Any other relevant information: *[Including previous referrals.]*

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11. Is there a perceived risk of violence or other matters that could place those making contact with this family in danger (such as an unsafe neighbourhood, persons of a violent nature, an un-tethered dog, etc.)?

YES / NO

If yes, please specify what the identified risk is:

. In circumstances such as where there is a risk of violence (such as domestic abuse), please provide details regarding a safe point of contact for the non-abusing parent, e.g. alternative telephone number or postal address, contact through school, children's centre, friend or relative.

. Have you spoken to the Parent or Carer about making this referral? If not, please explain why not?

If you are making a Child in Need referral, agreement must be sought from the parent/carer (and where appropriate the young person) to making the referral. If parental agreement is not obtained it will not be possible to progress a Child in Need referral. Wherever possible, the parent/carer should be asked to sign the referral form.

If you are making a referral of child protection concern and are unsure about whether to advise the parent/carer about the referral, you should consult within your own agency about this issue. If you remain unsure about whether the parent/carer should be consulted/informed about the referral (i.e. due to evidence being compromised, or someone being placed at risk) please consult with Specialist Children's Services in the first instance. See Guidance Notes.

14. Parental agreement: [See Guidance Notes before completion.]

I agree to the information in this referral being passed to Social Services.

Name of Parent/Legal Guardian [Please Print] :
Signature of Parent/Legal Guardian:
Date:

15. Referrer:

Name and Status (Print) :
Address:
Contact Tel number:
Signature: Date:

Please e-mail the completed Inter-Agency Referral Form to:

CentralDutyTeam@kent.gcsx.gov.uk (Secure e-mail*)

*Secure e-mail is accepted from the following addresses:

@nhs.net @pnn.police.uk @gcsx.gov.uk @gsi.gov.uk

central.duty@kent.gov.uk (Standard e-mail)

Please note if using this email address, it is not secure. If you wish to send client level information, then you will need to password protect the document and not include in the body of the email.

If you do not have e-mail facility please fax the completed form to 01732 221645.

Appendix C3: Form AP1 Kent Social Services AP1 Alert Form (1st August 2013)

Adult Protection Alert Form for Service Providers and Members of the Public. Please ensure this form is completed as fully as possible if adult abuse is witnessed or suspected.

This form is designed to be completed as a word document and includes drop down boxes to support completion. There are free text boxes throughout the form and these sections will grow to accommodate the information being added. An electronic name will be considered as a signature within this document.

If you are unable to complete the form electronically a hand written form will be accepted.

(Details of where and how to send the AP1 are found at the end of this form). If you require assistance in completing this form, please see the guidance notes on the kent.gov website: [Guidelines to report adult protection concerns to the Social Services Agencies in Kent and Medway](#)

Date(s) & Time(s) of Incident(s) if known: (s)					
Client's Details					
Name of client*: (s)		Title:		LA Client ID / Hospital ID / Rio Number/ NHS Number *	

AP1 Stage 1 – Alert	
<i>FOR INDIVIDUAL ACUTE HOSPITAL TRUST INFORMATION TO BE ADDED</i>	
i. Name and Role/Relationship of person completing this form (s)	
i. Do you wish to remain anonymous (s)	
i. Contact Address and Telephone Number (Fax and/or email)	
ii. Name and role or relationship of person who reported the alleged incident (if different from person named above)	
ii. Do they wish to remain anonymous	
ii. Contact Address and Telephone Number	
KCC OFFICE USE ONLY- DATE AP1 RECEIVED (Date of Alert) (s):	
Method of contact: (s)	Source of Contact/Alert: (s)

Client's Normal Address*: (s)		Address of where the alleged incident of abuse occurred:	
Postcode* (s)		Location, where did alleged abuse take place?* (s)	
Is this a registered care home*?		<u>Communication needs</u>	Is Support Required?
Tel No. 1:		Speech (s)	
Tel No 2:		Hearing (s)	
Email:		Visual (s)	
Date of Birth*: (s)		Explanation of Communication Needs	
Date of Death: (s)		Interpreter (s)	
Gender*: (s)		First Language: (s)	
Marital Status*: (s) If other give details		Details of Interpreter required	
Ethnicity*: (s)		Contact details of Advocate	
Sexual Orientation:			
Religion: (s)		Contact details of significant other (s)	
Next of Kin or significant other, address and telephone number (s)		Contact details of nearest relative under MH Act	
Relationship to client (s)		General Practice address and telephone number General Practitioner (if known) (s)	
Is the client aware that this concern is being reported to Social Service Agency*? (s)		If not, reason why?	
Has the client given their consent to this information being shared with social services and/or other agencies*? (More details can be			

added in text box)		
If no, reason why?		
Information will be shared with other agencies where issues of capacity to give consent are unclear and/or where the safety of other vulnerable people may be at risk or where a crime is suspected.		
To your knowledge has this client been the subject of previous adult protection alerts? (s)		
For Social Services to explain if person has been subject to previous adult protection alert?		
To your knowledge has this setting been the subject of previous adult protection reports?		
Key Professionals if known*?	Contact Address	Telephone, Fax and Email
Social Services Case Manager		
District Nurse/CPN/Other		
Any other significant professional/s		
Is the vulnerable adult a carer?		
Is the person under a Deprivation of Liberty Safeguards Authorisation? If so please give brief details		
To the best of your knowledge Primary Category of client* (s) (If you are completing by hand please describe whether physical, sensory, learning disability or mental health difficulties experienced)		
Secondary Category of client if relevant :		

Details of Allegation -what happened*? (Include information about any witnesses and their contact details. What has triggered the alert now?
Where possible provide details of the vulnerability of the subject of the alert. These may include communication issues, understanding, first language and any essential medical information. (Complete body map if appropriate.)

Remember to answer-Who, What, When, Where and details of any witnesses.

At this stage, do you have a view of the individual's mental capacity regarding this adult protection alert and related concerns? Is there a known mental disorder?

Please give details:

Type of alleged abuse* Identify all that are relevant (s)

Please tick the **Domestic Abuse** or **HATE Crime** beside any type of abuse that is also related to these

Main category of abuse			Was the alleged abuse between partners?			<input type="checkbox"/>	
	Abuse	Dom Abuse	Hate Crime		Abuse	Dom Abuse	Hate Crime
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discriminatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional / Systemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional / Psychological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Injuries Reported

Please describe injury* - When recording an injury you need to try and include the following information:

- Exact site of injury; size of injury (cm or inches); approx shape of injury; colour of injury; is injury clean?
- Is the skin broken? Is there any swelling?
- Are there any scabs / blistering / bleeding present?
- Is mobility restricted; does the site feel hot? Does the client feel pain?):

Please also consider and record psychological impact on Client (if known):

Is there a body map to be made available? please attach and send with AP1.

Are there any photographic records of these injuries?
Please attach

Has client been medically examined?

If yes – who by and when?

Is there a need to preserve any potential Forensic Evidence?

If yes are you aware of – or have you been advised of what to do regarding forensic or other evidence? – please advise

Do you consider anyone else to be at risk e.g. other vulnerable adults or children

Information about the main alleged perpetrator / organisation (Please provide, as much information as possible to enable the police to carry out necessary checks. If the identity of the alleged perpetrator(s) is not available do not delay sending the referral to the police if from your consultations a crime has or may have been committed.)

If an organisation is alleged to be responsible only limited parts of this section can be completed

Multiple Perpetrators		Next perpetrator – if yes please copy this page and attach to AP1	
Full name of a person or name of the organisation alleged to be responsible for the abuse. If unknown then state UNKNOWN (S)			
Relationship of primary alleged perpetrator:* (s)			
AKA / Alternative name:		Gender	
DOB:		Age / Estimated age:	
Home Address/Post Code/Telephone No:			
Ethnicity			
Occupation: (If Applicable)			
Is the alleged perpetrator aware of the referral? (s)			
Does the alleged perpetrator pose a possible risk to children? If yes, give details			
Does the alleged perpetrator pose a possible risk to other vulnerable adults? (s) If yes, give details			
Is the alleged perpetrator a vulnerable adult themselves? (s)			
<p>If yes, Vulnerability of Alleged Perpetrator if known: Include communication / understanding / capacity & first language, Physical Disability, Learning Disability, any Mental Health problems & any relevant medical information. Please record if a mental capacity assessment is required in relation to the alleged perpetrator.</p>			
Does the alleged perpetrator care for others? (s)			

Do they live with the vulnerable adult?			
Has the alleged perpetrator been mentioned in previous referral(s) as an alleged perpetrator?			
Details of any professional helper/s (e.g. Case Manager / Social Worker/CPN/Comm LD Nurses) involved in the care of the alleged perpetrator (if applicable name / role / telephone number):			
Have you taken any immediate action? If so what? Please attach relevant risk assessment or other documents/reports if available			
Have you informed any other person/agencies of this alleged incident? Please give details. (Police, CQC, Health, Next of Kin)			
Name and/or role of person informed	Brief summary of contact – e.g. faxed, phoned, emailed etc and date sent.		
Name of person completing this alert form*:		Date*	
Signature If completed by hand			

*** SEND TO CASE MANAGEMENT TEAM IF YOU KNOW THAT THE VULNERABLE ADULT IS OPEN TO KENT CASE MANAGEMENT**

*** SEND TO CENTRAL DUTY TEAM FOR ALL OTHER CASES**

CentralDutyTeam@kent.gcsx.gov.uk (Secure e-mail*)

***Secure e-mail is accepted from the following addresses:
@nhs.net @pnn.police.uk @gscx.gov.uk @gsi.gov.uk**

Central.duty@kent.gov.uk (Standard e-mail)

Please note if using this email address, it is not secure.

Use social services ID number where this is known or initials of the vulnerable person

If you wish to send client level information, then you will need to password protect the document.

Send the password separately - do not include it in the body of the email.

If you do not have e-mail facility please fax the completed form to 01732 221645 between 08.30 – 17.00 hours

Out of Hours fax: 01233 646596 (Both are safe haven).

If you wish to consult with Kent Social Services to discuss your concerns please call: 08458 247102 between 08.30 – 17.00 hours.

Out of hours service on 0845 7626777.