

**Specialist Community Public Health Nursing/Family Nurse Safeguarding Children Summary Transfer Template**

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|  | **Family Details/Composition/Network**  |
| **Name of Child** | **DoB/****EDD for unborn baby** | **HCN** | **Disability** | **Child in need** | **Child protection Register** | **Category** **of Registration** | **LAC/****Legal status** |
|  | Click or tap to enter a date. |  | Y [ ]  N[ ]  | Y [ ]  N[ ]  | Y [ ]  N[ ]  |  | Choose an item. |
|  | Click or tap to enter a date. |  | Y [ ]  N[ ]  | Y [ ]  N[ ]  | Y [ ]  N[ ]  |  | Choose an item. |
|  | Click or tap to enter a date. |  | Y [ ]  N[ ]  | Y [ ]  N[ ]  | Y [ ]  N[ ]  |  | Choose an item. |
|  | Click or tap to enter a date. |  | Y [ ]  N[ ]  | Y [ ]  N[ ]  | Y [ ]  N[ ]  |  | Choose an item. |

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| **Address** |
| Previous: | New: |
| Telephone: | Telephone: |
| Telephone: | Telephone: |
| **Person with Legal Parental Responsibility** |
| Name:  | Name: |
| DOB: | DOB: |
| Relationship: | Relationship: |
| Address: | Address: |
| Telephone: | Telephone: |
| **Significant Other Family/Friends** |
| Name: | Name: |
| DOB: | DOB: |
| Relationship: | Relationship: |
| Address: | Address: |
| Telephone: | Telephone: |
| **Foster Carers** |
| Name: | Name: |
| DOB: | DOB: |
| Relationship (if kinship): | Relationship (if kinship): |
| Address: | Address: |
| Telephone: | Telephone: |
| Are foster carers details confidential and not to be shared with the family? Yes No |
| Not applicable:  |

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| **Background** |
| ***Prompt- remove on completion:****General background information. Brief description of what led to current situation.* |
| **What is working well- summary?** |
| ***Prompt- remove on completion:****Refer to Signs of safety record keeping/report writing guidance. If a SCPHN/FN report has been written for any LAC/safeguarding /family support meeting within the last 3 months- attach report and make reference here ie ‘[name of meeting] report attached’* |
| **What are we worried about- summary?** |
| ***Prompt- remove on completion:****Refer to Signs of safety record keeping/report writing guidance. If a SCPHN/FN report has been written for any LAC/safeguarding /family support meeting within the last 3 months- attach report and make reference here ie ‘[name of meeting] report attached’ or ‘as above’’**Include past harm and complicating factors* |
| **What needs to happen- summary?** |
| ***Prompt- remove on completion:****Refer to Signs of safety record keeping/report writing guidance. If a SCPHN/FN report has been written for any LAC/safeguarding /family support meeting within the last 3 months- attach report and make reference here ie ‘[name of meeting] report attached’ or ‘as above’’* |

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| **Safeguarding Meeting (strategy / core group / case conference / LAC review)** |
| Date of last meeting: |
| Date of next meeting: |
| Not applicable: |
| **Social Work Case Coordinator** |
| **Previous** | **New if known**  |
| Name: | Name: |
| Designation: | Designation: |
| Base:  | Base:  |
| Telephone/Email: | Telephone/Email: |
| Date discussed: | Date discussed: |
| Not applicable: | Not applicable: |
| **Other professional network**  |
| Name: **Prompt-remove on completion:** include GP | Name: |
| Designation: | Designation: |
| Base: | Base: |
| Telephone: | Telephone: |
| **Other professional network** |
| Name: | Name: |
| Designation: | Designation: |
| Base: | Base: |
| Telephone: | Telephone: |
| **Handover** |
| Name of receiving SCPHN/Family Nurse/ROI Public Health Nurse:  |
| Designation of receiving SCPHN/Family Nurse/ROI Public Health Nurse: |
| Base: | Telephone/Email: |
| Date of verbal handover: |
| Date of Safeguarding Children Summary Sheet Transfer Template forwarded: |
| Copies of written/electronic records:* Child health record Y [ ]  N [ ]
* Family Health Assessment Y [ ]  N [ ]
* Chronology of significant events Y [ ]  N [ ]
* Minutes of meetings Y [ ]  N [ ]

**Or*** Available on request

Comments: |
| Date child health records returned to local Northern Ireland Child Health Office:  |
| Contact details of local Child Health Office: |
| Date CHS8 completed: |
| Current SCPHN/Family Nurse |
| Name:  | Designation: |
| Base: | Telephone/email: |
| Signature  | Date: |