



STRICTLY CONFIDENTIAL

REPORT FOR (INITIAL / REVIEW / TRANSFER IN) CHILD PROTECTION CONFERENCE

This request is made in line with Working Together to Safeguard Children 2010

Subject child:.....

Date of conference:

This document may contain sensitive information and may be shared for CHILD PROTECTION PURPOSES and presented in COURT PROCEEDINGS.

Please note

- *Your information is important, if you are unable to attend conference please inform the Child Protection and Reviewing Unit and forward your report at least 24 hours before the meeting.*
- *If you are concerned about what information you can share please refer to the council website for guidance.*
<http://www.solihull.gov.uk/staysafe/20467.htm>
- *Contributors should, wherever possible, provide a written report in advance to the conference and these will be made available to those attending. Please forward via secure email to cpru@solihull.GCSx.gov.uk or fax on 788 4331*

Those providing information should take care to distinguish between fact, observation, allegation and opinion. When information is provided from another source, i.e. it is second or third hand, this should be made clear.



PROFESSIONAL COMPLETING THIS REPORT

Name & Designation	Agency Name and Address	Contact Number and Email

Please identify other significant persons in your agency or commissioned by your agency who has involvement with this child or family

Name & Address	Role / Service Provided	Contact Number and Email

DETAILS FAMILY / SOCIAL NETWORK

Please record the details of the subject child and family, any extended family member or other significant adult known to you who has contact / involvement with this child or family.

If siblings/other children attend a school or nursery please add in this information

Name	D.O.B.	Ethnicity	Disability	ADDRESS	RELATIONSHIP



Significant others					

Outline the purpose of your current involvement with the child or family. Please include the start date, frequency of contact and an end date of your involvement where appropriate.

CHRONOLOGY OF SIGNIFICANT EVENTS:

Please include:

- Face to face contacts with the parent / carer
- Visits to the child (For school / Early Years settings this will be the record of attendance)
- Dates of Core groups
- Contacts with parent / child or another agency where Children Protection / Welfare issues were identified
- Meetings attended by yourself



- Referral made to any other agency by you or your agency.
- Significant information specific to your agency eg. Attendance record, immunisation, development checks)

For initial conference please record information dated within the past six months only unless you have more historical information relevant to the presenting concern.

For review conference please record contacts since last child protection conference

Date	Type of contact (visit, mtg, tel call)	Person with whom contact took place	Information shared and action taken

CASE SUMMARY

PREVIOUS HISTORY OF CONCERNS KNOWN TO YOUR AGENCY

DATE	CONCERN	ACTION TAKEN	OUTCOME



CURRENT ASSESSMENT OF CONCERNS AND NEEDS

Please consider the Assessment Framework model when completing this section. I.E Child's/young person's developmental needs, capacity of the parents to meet the needs of their child within their family and environmental context. This information should include careful consideration of the impact that the current and past family functioning and family history are having on the parents' capacities to met the child's needs.

Concerns presenting risk of harm to the child or concern for the child welfare.

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Strengths identified where a child's needs are being met or risk of harm managed or reduced. How these strengths affect parents and the child/ren.

If the decision of the conference is that a child is in need of a child protection plan what will your agency contribution be to that plan.



Has the child / ren / young person shared their views with you? If yes please state.

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Signature	
Print Name	
Date	