**CONFIDENTIAL**

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**Adult Mental Health Service**

**Initial Child Protection Conference Report**

**This Report had been completed by:**

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| **Name and Designation of Professional** | **Name and Address of Service** |
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**Conference in Respect of:**

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| --- | --- | --- | --- | --- | --- |
| **Conference details** | | | | | |
| **Date of Conference** |  | **Time** |  | **Venue** |  |

1. **Child/Young Person And Family Details**

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| --- | --- | --- | --- | --- | --- |
| 1.1 Child(ren) subject/s of conference | | | | | |
| First Name/Last Name | DOB | M/F | Ethnicity/  Language | NHS Number | Pre/School/  School |
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| 1.2 Parents/Carers Details | | | | | | |
| First Name/ Last Name | DOB | M/F | Ethnicity/  Language | Relationship to child | PR  Y/N | Legal status Mental Health Act. CPA Status |
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| 1.3 Significant Others (Who may have a caring role or who impact on the care of the child/ren) | | | | | |
| First Name/Last Name | DOB | M/F | Ethnicity/  Language | Relationship to child | Subject of service? (tick) |
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| 1.4 Professionals Involved | | |
| Name | Designation | Address |
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| 1.5 Relevant Cultural or Communication Factors in parent/carer |
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| 1.6 Previous Plan | | | | | | |
| Has any child mentioned above previously been subject to a plan? | | Yes | |  | No |  |
| If yes Name | Date of Plan | | Date of Discontinuation | | | |
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| 1.7 Reason for Initial Conference |
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1. **Assessment**

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| 2.1 Previous involvement with Mental Health Service / Chronology of Significant Events - Including previous referrals and previous / compulsory admissions, diagnosis and discharge from services | | |
| Date | Event | Outcome |
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| 2.2 Summary of Current Care Plan (including medication, services, safeguards if disengagement, safe storage of medications and equipment) |
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| 2.3 Family and Environmental Factors. (Influence of individual and family factors – organisation, relationships. Role of housing, employment and income on family functioning. Influence of other adults on the care of child (ren).) |
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| 2.4 Parenting Capacity (Parental response to identified concerns. Parenting strengths. Components of parenting lifestyle which would impact on the safety and well-being of a child including parenting abilities when well and when unwell. History of risk to self/others/children plus current assessment of risk. Compliance with medication and engagement with mental health services. Motivation to change or remain engaged with care plan.) |
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| 2.5 Child’s story. (Awareness of child’s understanding of adult’s mental health and any role they play in caring for the adults. Is the child providing some level of care for the adult? How does the child view the impact on themselves of the adult’s mental health condition?) |
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1. **Analysis Of Risk**

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| 3.1 Identified Risk Factors (From your assessment in (2) above, which factors might prevent the effective promotion of the safety, welfare and development of the child(ren)?) |
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| 3.2 Identified Protective Factors (From your assessment in (2) above, which factors might support the effective promotion of the safety, welfare and development of the child(ren)?) |
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| 3.3 Risk Analysis (From your analysis in (3.1) and (3.2) above, what is the balance of risk to the safety, welfare and development of the child(ren) and how might residual risk be reduced/overcome?) |
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1. **Sharing with Parents/Carers**

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| Shared with Parents |
| This Section MUST be completed  Have the contents of this report been discussed with the parents/carers?  Yes / No |
| If No, please state the reason: |
| If yes, record any comments that the parents/carers wish to make. |

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| --- | --- |
| Signature of Professional | Date |
|  |  |

1. **Administrative Details**

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| --- | --- | --- | --- |
| Date shared with parents/carers | Date shared with manager | Date sent to CP Chair |  |
|  |  |  |  |

When this report has been completed, please save it in a confidential file.

Please use a file name as follows:

* First two characters are the forename and surname of the youngest child in the review
* Then use the word “INITIAL”
* Next 8 characters are the date of the conference in the style DD.MM.YY
* Next three-five characters are initials to represent your service, in this case AMHS for adult mental health service.

So, if the youngest child is called Harry Potter and the conference is due on 16 May 2011, the file name would be:

HPINITIAL16.05.11AMHS