**CONFIDENTIAL**

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**Adult Social Care 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** |
|  |  |

**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 | Reference 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 | Subject to service (tick) |
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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 to service (tick) |
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| 1.4 Professionals Involved | | | | |
| Name | Designation | Address | Phone | Contacted? |
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| 1.5 Relevant Cultural or Communication Factors in child/young person and/or in parent/carer |
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| 1.6 Previous Plan | | | | | | |
| Has any person 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 Adult Social Care / Chronology of Significant Events including previous diagnoses and admissions to hospital | | |
| Date | Event | Outcome |
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| 2.2 Reason for current Adult Social Care involvement. (Does the parent/carer have a physical or learning disability or an enduring physical disability, sensory impairment or learning disability? If yes, what is their diagnosis and prognosis?) |
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| 2.3 Summary of current Care Plan (Include potential safeguards for the adults and for the child(ren).) |
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| 2.4 Family and Environmental Factors (Influence of individual and family factors – organisation, relationships. Role of housing, employment and income on family functioning. Are there any other adults who regularly spend time with the children/family, who may also care for them?) |
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| 2.5 Parenting Capacity (Parental response to identified concerns. Parenting strengths. Mental capacity to understand the child protection concerns.) |
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| 2.6 Child’s Story. (Child’s narrative or understanding of their situation. Is the child considered to be a young carer?) |
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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 adult and of the child(ren)?) | |
| Risks to adults | Risks to 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 adults and of the child(ren)?) | |
| Protective factors for adults | Protective factors for 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 |
|  |  |

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| --- | --- | --- | --- | --- | --- |
| Date shared with parents/carers | Date shared with manager | Date sent to CP Chair | Plan | Other tools | Genogram |
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1. **Administrative Details**

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 BASC for Bournemouth Adult Social Care or PASC for Poole Adult Social Care

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

HPINITIAL16.05.11PASC