**CONFIDENTIAL**

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**Child and Adolescent 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** |
|  |  |

**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 | Occupation |
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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 | Occupation |
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| 1.4 Professionals Involved | | |
| Name | Designation | Address |
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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 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 Chronology of Contact with CAMH Service / any significant events relevant to the safety of the child(ren) |
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| 2.2 Family Structure and Relevant History (please include any mental health/substance misuse or domestic violence that you are aware of.) Relevant Environmental Factors ie housing, employment issues known to impact on the safety of the child(ren) |
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| 2.3 Parenting Capacity/Relevant Factors That May Impact on Ability to Provide Adequate Care of a Child |
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| 2.4 Mental Health and Development of Child(ren) (please include formulation and management plan) |
| Identify each Child. Include Name and Age |
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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 CAMHS

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

HPINITIAL16.05.11CAMHS