**CONFIDENTIAL**

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| Poole Hospital FT New Logo Colour | cid:image002.jpg@01D5EA89.24A0BA30 | The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust |

**The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust**

**Poole Hospital NHS Foundation Trust**

**Initial Child Protection Conference Report**

**This Report had been completed by:**

|  |  |
| --- | --- |
| **Name and Designation of Professional** | **Name and Address of Service** |
|  |  |

**Conference in Respect of:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 Service / Significant Events |
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| 2.2 Family and Environmental Factors |
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| 2.3 Parents’ Health and parenting Capacity |
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| --- |
| 2.4 Health and Development of Children |
| Identify each Child. Include Name and Age |
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| 2.5 Identified Health Needs |
| Identify each Child. Include Name and Age |
|  |

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?) |
|  |

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. |

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

1. **Administrative Details**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 the name of your hospital

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

HPINITIAL16.05.11PH (or RBCH)