**CONFIDENTIAL**

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**Housing 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 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 significant events | | |
| Date | Event | Outcome |
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| 2.2 Reason for housing agency engagement |
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| 2.3 Summary of current home conditions and suitability for the family. (Is it warm secure, safe, clean? Are there any environmental health issues? Are there any outstanding repairs?) |
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| 2.4 Family and Environmental Factors (Influence of individual and family factors – organisation, relationships. Please specify any known visitors to the home and whether they play a role in care giving to the children. Are there any lodgers? Are there any complaints from neighbours or any reports of anti-social behaviours? Are there any rent arrears?) |
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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 the child. Capacity and motivation to change.)) |
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| 2.5 Child’s Story. (Awareness of child’s understanding of the home and environment.) |
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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 |
|  |  |

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 BHS for Bournemouth Housing Services or PHS for Poole Housing Services

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:

HPINITIAL16.05.11PHS