**CONFIDENTIAL**

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**Adult Substance Misuse Service**

**Review 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 | PRY/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. History of treatment episodes and periods of abstinence |
| Date | Event | Outcome |
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| 2.2 Reason for current involvement with substance misuse services including brief history of substance misuse, what substances, amount, frequency, mode of use, how funded, where used (if known) – also outcomes of recent testing. |
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| 2.3 Summary of current Care Plan (Include potential safeguards for the adults and for the child (ren) and motivation to change.) |
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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? Please specify any other known visitors to the home.) |
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| 2.5 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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| 2.6 Child’s Story. (Awareness of child’s understanding of adults’ substance abuse and the role they play in caring for the adults.) |
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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 completedHave 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**

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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 “REVIEW”
* 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 BSMS for Bournemouth Substance Misuse Service or PSMS for Poole Substance Misuse Service

So, if the youngest child is called Harry Potter, the adult subject of the report is receiving treatment in Bournemouth and the review conference is due on 16 May 2011, the file name would be:

HPREVIEW16.05.11BSMS