**CONFIDENTIAL**

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**Educational Welfare Service / Educational Social Care 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 | 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 | 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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| 1.6 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**

**Please note – Section 2 – Assessment should be completed for each child separately. Sufficient space is given in this form for 3 children, if you require more please copy and paste.**

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| **Child 1 Name** |  |

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| 2.1 Previous involvement and chronology of significant events. Please refer also to records from previous schools where appropriate. Please include any CAF assessments undertaken and/or referrals to children’s social care | | |
| Date | Event | Outcome |
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| 2.2 Attendance | | | |
| % attendance this year |  | % attendance last full term |  |
| Are there concerns about attendance? (Give details) | |  | |
| Have these concerns been raised with parents/carers? (Give details) | |  | |
| Date of referral to EWS/ESCS | |  | |
| Reason for referral to EWS/ESCS | |  | |

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| 2.3 Behaviour | |
| Are there concerns about behaviour? If yes please give details. |  |
| Please list dates of, duration of, and reasons for, any exclusions |  |

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| 2.4 Academic Attainment and Progress | |
| Current levels of attainment |  |
| How would you judge current progress? |  |
| Are there any concerns about progress or attainment? If so please give details. |  |
| Does this child have special educational needs? If so please give details of need and provision. |  |

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| 2.5 Relationships | |
| Child’s relationships with peers and staff |  |
| Child’ |  |

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| 2.6 Physical and Emotional Wellbeing (Please note any health issues and/or observations. Have there been any injuries observed or reported? Are you aware of any domestic abuse? Comments re presentation, motivation, personal appearance, etc.) |
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| 2.7 Parenting Capacity (Please include parental response to identified concerns, parenting strengths, components of parenting lifestyle which would impact on safety and well-being of a child, home/school relationships, contact with parents and level of support offered to the child regarding their education.) |
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| 2.8 Child’s Story. (Child’s narrative or understanding of their situation and of their involvement with education) |
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| **Child 2 Name** |  |

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| 2.1 Previous involvement and chronology of significant events. Please refer also to records from previous schools where appropriate. Please include any CAF assessments undertaken and/or referrals to children’s social care | | |
| Date | Event | Outcome |
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| --- | --- | --- | --- |
| 2.2 Attendance | | | |
| % attendance this year |  | % attendance last full term |  |
| Are there concerns about attendance? (Give details) | |  | |
| Have these concerns been raised with parents/carers? (Give details) | |  | |
| Date of referral to EWS/ESCS | |  | |
| Reason for referral to EWS/ESCS | |  | |

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| --- | --- |
| 2.3 Behaviour | |
| Are there concerns about behaviour? If yes please give details. |  |
| Please list dates of, duration of, and reasons for, any exclusions |  |

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| --- | --- |
| 2.4 Academic Attainment and Progress | |
| Current levels of attainment |  |
| How would you judge current progress? |  |
| Are there any concerns about progress or attainment? If so please give details. |  |
| Does this child have special educational needs? If so please give details of need and provision. |  |

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| 2.5 Relationships | |
| Child’s relationships with peers and staff |  |
| Child’ |  |

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| 2.6 Physical and Emotional Wellbeing (Please note any health issues and/or observations. Have there been any injuries observed or reported? Are you aware of any domestic abuse? Comments re presentation, motivation, personal appearance, etc.) |
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| 2.7 Parenting Capacity (Please include parental response to identified concerns, parenting strengths, components of parenting lifestyle which would impact on safety and well-being of a child, home/school relationships, contact with parents and level of support offered to the child regarding their education.) |
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| 2.8 Child’s Story. (Child’s narrative or understanding of their situation and of their involvement with education) |
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| **Child 3 Name** |  |

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| 2.1 Previous involvement and chronology of significant events. Please refer also to records from previous schools where appropriate. Please include any CAF assessments undertaken and/or referrals to children’s social care | | |
| Date | Event | Outcome |
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| --- | --- | --- | --- |
| 2.2 Attendance | | | |
| % attendance this year |  | % attendance last full term |  |
| Are there concerns about attendance? (Give details) | |  | |
| Have these concerns been raised with parents/carers? (Give details) | |  | |
| Date of referral to EWS/ESCS | |  | |
| Reason for referral to EWS/ESCS | |  | |

|  |  |
| --- | --- |
| 2.3 Behaviour | |
| Are there concerns about behaviour? If yes please give details. |  |
| Please list dates of, duration of, and reasons for, any exclusions |  |

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| --- | --- |
| 2.4 Academic Attainment and Progress | |
| Current levels of attainment |  |
| How would you judge current progress? |  |
| Are there any concerns about progress or attainment? If so please give details. |  |
| Does this child have special educational needs? If so please give details of need and provision. |  |

|  |  |
| --- | --- |
| 2.5 Relationships | |
| Child’s relationships with peers and staff |  |
| Child’ |  |

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| --- |
| 2.6 Physical and Emotional Wellbeing (Please note any health issues and/or observations. Have there been any injuries observed or reported? Are you aware of any domestic abuse? Comments re presentation, motivation, personal appearance, etc.) |
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| --- |
| 2.7 Parenting Capacity (Please include parental response to identified concerns, parenting strengths, components of parenting lifestyle which would impact on safety and well-being of a child, home/school relationships, contact with parents and level of support offered to the child regarding their education.) |
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| 2.8 Child’s Story. (Child’s narrative or understanding of their situation and of their involvement with education) |
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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**

|  |  |  |
| --- | --- | --- |
| Date shared with parents/carers | Date shared with manager | Date sent to CP Chair |
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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 ESCS for the Educational Social Care Service in Bournemouth or EWS for the Educational Welfare Service in Poole

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

HPREVIEW16.05.11ESCS