**CONFIDENTIAL**

|  |  |  |
| --- | --- | --- |
|  | cid:image002.jpg@01D5EA89.24A0BA30 |  |

**Confidential Report to Conference Chair – any Agency/Service**

**Review 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**

|  |
| --- |
| 1.1 Child(ren) subject/s of conference |
| First Name/Last Name | DOB | M/F | Ethnicity/Language | Reference Number | Pre/School/School |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| 1.2 Parents/Carers Details |
| First Name/ Last Name | DOB | M/F | Ethnicity/Language | Relationship to child | PRY/N | Subject of this service?  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| 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 of this service? |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| 1.4 Professionals Involved |
| Name | Designation | Address | Phone | Contacted? |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| 1.5 Relevant Cultural or Communication Factors in child/young person and/or in parent/carer |
|  |

|  |
| --- |
| 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 |
|  |  |  |
|  |  |  |

|  |
| --- |
| 1.7 Reason for Initial Conference |
|  |

1. **Confidential Information**

|  |
| --- |
| 2.1 Please give below any information you believe to be important in the consideration of the welfare and safety of the child(ren) subject of this conference but which you believe should be shared only with the Chair at this stage. (The Chair will later make a decision about whether this information is shared and its level of confidentiality.) |
|  |

|  |
| --- |
| 2.2 Please give the reasons why you believe it is appropriate for this information to be shared confidentially. |
|  |

1. **Analysis Of Risk**

|  |
| --- |
| 3.1 Identified Risk Factors (In the light of this confidential information, what additional factors might prevent the effective promotion of the safety, welfare and development of the child(ren)?  |
|  |

|  |
| --- |
| 3.2 Identified Protective Factors ((In the light of this confidential information, what additional factors might support the effective promotion of the safety, welfare and development of the child(ren).) |
|  |

|  |
| --- |
| 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. **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 “REVIEW”
* Next 8 characters are the date of the conference in the style DD.MM.YY
* Next three-five characters are initials to represent the fact that this is a confidential report - CON

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

HPREVIEW16.05.11CON