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| C:\Users\naomi\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\QEM0FWPL\Dorset council logo FINAL.jpg **Child Protection Report for**  **INITIAL CHILD PROTECTION CONFERENCES** |
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| This report should be completed by ALL\* agencies (except GPs and the Police) invited to attend an **Initial** Child Protection Conference.Please complete each section of the report as applicable to your agency. Please refer to the guidance notes on the DSCB website when completing the report. Please state N/A where a section is not relevant to your particular agency.Where you have sensitive information, which may expose a child to risk of significant harm or which may compromise a Criminal Investigation this should NOT be included within the report as it is Third Party information and must be shared verbally at conference. If you are unsure what to include please consult with the Social Worker. |

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| **School/Agency:** **Name of Person Completing form:** **Designation:**  **Office Address and Email Address:**  **Contact Telephone:**   |

**1. Child/ren/Young Person Details (THIS BOX WILL EXPAND AS USED):**

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| --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **D.O.B.** | **Address** | **Gender** |
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|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
| **Language spoken at home:**  **Ethnicity:**   |

**2. Known Family Members/Significant Others (THIS BOX WILL EXPAND AS USED):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **D.O.B.** | **Address** | **Relationship to Child** |
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|   |   |   |   |   |

**3**. **Has an assessment using the Common Assessment Framework (CAF) been**

 **completed? (THIS BOX WILL EXPAND AS USED)**

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| **If yes – date completed:**  **The Name of Lead Professional and their Agency**:  |

**4. Please describe the involvement of your Agency or School with the child/ren/family (THIS BOX WILL EXPAND AS USED):**

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**Please refer to the guidance notes on the DSCB website when completing the report. Please state N/A where a section is not relevant to your Agency or if you have no relevant information please state NONE.**

**PHYSICAL HEALTH AND EMOTIONAL WELLBEING:**

**5a. CHILD/REN/YOUNG PERSON:**

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| Please include: Physical, Emotional and behavioural health and development, height and weight, A & E admissions, any significant illness or disability, general development (e.g. speech, language, motor skills, self care, socialisation etc. **See guidance notes on DSCB website. THIS BOX WILL EXPAND AS USED** |
| **Name:**  **Name:**  **Name:**  **Name:**  **Name:**  **Name:**   |

**5b: PARENT/CARER/SIGNIFICANT OTHER:**

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| Please include: general wellbeing, any A & E attendances, any substance use and management, psychological/psychiatric health, current medication (if relevant) **See guidance notes on DSCB website. THIS BOX WILL EXPAND AS USED** |
| **Name:**  **Name:**  **Name:**  **Name:**   |

**6. PARENTING CAPACITY:**

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|  Please comment on the primary carer’s ability to provide, basic care, encourage safety, emotional  warmth, stimulation, routines and stability. **THIS BOX WILL EXPAND AS USED** |
| **Main Carer (s)****Name:** **Name:**  **Significant Other Adult(s)****Name:**  **Name:**  **Name:**   |

**7. EDUCATION (including Early Years Childcare Providers)**

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|  Please comment on the child/ren/young person’s academic performance and achievements, challenges to learning, peer group relationships, relationships with staff, emotional and behavioural development. Please include strengths and any areas of concern**.** Please also state attendance and punctuality. **See guidance notes on DSCB website. THIS BOX WILL EXPAND AS USED** |

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| **Name:**  **Name:**  **Name:**  **Name:**  **Name:**  **Name:**   |

**8. FAMILY AND ENVIRONMENTAL FACTORS**

**Do you have any observations about home circumstances, family functioning or financial issues that are relevant to the conference? THIS BOX WILL EXPAND AS USED**

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**9. Do you have any other concerns about this child/ren and his/her family? THIS BOX WILL EXPAND AS USED**

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1. **Do you consider the child/ren/young person is suffering or likely to suffer significant harm? THIS BOX WILL EXPAND AS USED**

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1. **In your opinion does this child/ren/young person require immediate protection from harm? THIS BOX WILL EXPAND AS USED**

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**All written reports submitted to Child Protection Conferences are shared with parents at the conference and sent to parents with the minutes. It is an expectation that the contents of this report will have been shared with the parents prior to conference.**

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| **Has the report been shared with the parents/carer and young person (where applicable)?:** **If Yes, date completed:** | Yes / No   |
| **Signed****Date** |    |

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| Please send (via secure email to: CPConferencesDorset@dorsetcc.gov.uk no later than 2 working days prior to the conference. Alternatively, if you are bringing the report to the conference, please ensure you also bring 8 to 10 copies as we no longer have facilities to print on the day of the conference.N.B. You will be expected to talk to your report in the Conference.**DATE SENT:**   |