 **Confidential**

**This Report had been completed by:**

|  |  |
| --- | --- |
| **Name and Designation of Professional** | **Name and Address of Service** |
|  |  |

**Child Protection Initial / Review Case Conference**

***Conference in Respect of:***

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| --- | --- | --- | --- | --- | --- |
| **Conference details** | | | | | |
| **Date of conference** |  | **Time** |  | **Venue** |  |

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| --- | --- | --- | --- | --- | --- |
| **First name / Last name** | **DOB** | **M/F** | **Ethnicity/Language** | **NHS Number** | **Pre/school / School** |
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| --- | --- | --- | --- | --- | --- | --- |
| **First name / Last name** | **DOB** | **M/F** | **Ethnicity/Language** | **Relationship to Child** | **PR**  **Y/N** | **Occupation** |
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| **First name / Last name** | **DOB** | **M/F** | **Ethnicity/Language** | **Relationship to Child** | **Occupation** |
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| **1.4 Health professionals involved** | | |
| **Name** | **Designation** | **Address** |
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| **1.5 Relevant cultural or communication factors** |
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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 Reason for Initial Conference / Review Conference (include initial reasons) Delete as appropriate** |
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**2. ASSESSMENT**

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| **2.1 Chronology of Significant Events** |
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| **2.2 Family and Environmental Factors** |
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| **2.3 Parents Health and Parenting Capacity** |
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| **2.4 Health and Development of Children** |
| **Identify each Child include Name and Age** |
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| **2.5 Identified Health Needs** |
| **Identify each Child include Name and Age** |
|  |

**3. ANALYSIS OF RISK**

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| **3.1 Identified Risk Factors** |
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| **3.2 Identified Protective Factors** |
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| **3.3 Risk Analysis** |
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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: | |
| **Parents Comments:** | |
| **Name and Designation of Professional** | **Date** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date shared with parents/carers | Date shared with manager | Date sent to CP Chair |  |
|  |  |  |  |

**\*\*\* END OF THE REPORT \*\*\***