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| **Contextual Safeguarding Child in Need Meeting professional agency report** |

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*Please type into the boxes.*

*Please send to CPCentralAdmin@haringey.gov.uk at least 2 working days before the meeting.*

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| **Who is this report about** |
| **Name of each child / young person** | **Date of birth and age** | **Address** | **NHS Number / Other reference numbers**  |
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| **Who else lives in the child/young person’s home?**  |
| **Name** | **Date of birth and age** | **Address** | **Relationship to each child/YP** | **Legal Parental Responsibility?** |
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| **Is there anyone else you know of who does not live in the home but is important in the child/young person’s life?***eg another parent / partner/ partner of a household member*  |
| **Name** | **Date of birth and age** | **Address** | **Relationship to each child/YP** | **Legal Parental Responsibility?** |
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| **Overview of agency’s involvement with the child/young person or family**Highlight key/significant events. Please say what you have done so far to reduce the risk and how has it made a difference. |
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| **What are the young person’s views?** *Please talk about each young person separately (under separate headings).* Please share any direct work you have done together. Share the young person’s own words as much as possible, and date they shared these views with you. *Do comment on what you have observed and behaviour you think is important, especially if this young person finds it difficult to communicate verbally*. |
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| **What is going well?**Think of the strengths of different people in the family. Think about how things have worked well in the past to keep the child/young person safe from harm. If this is a review meeting, please comment on the success of the safeguarding plan so far. |
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| **What are you worried about?**Past harm (that has happened). And what are you worried could happen in the future if nothing changes? *You might want to comment on: Daily routine – Any signs of self neglect? – Has young person’s behaviour changed?* |
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| **Are there complicating factors?**Do you know about anything else that is making things more difficult for the family at the moment? |
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| **Are there “grey areas”?**What do you feel you don’t know enough about or need to understand better? |
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| **Are there safety factors?** These are things that help keep each child/young person safe now (and have done for some time) |
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| **What needs to happen next? – And what outcomes would you like to see?**Think about practical steps or services that you feel should be part of the safeguarding plan. What support or services do your agency plan to offer?  |
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| **Date report was shared with parents***Please share this report or the content of this report with everyone with legal parental responsibility 2 working days before an initial meeting and 5 working days before a review meeting.* |       |

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| **Date report was shared with the young person***Please consider if it is appropriate to share this report or its contents with the child/young person. If so, please share it at least 2 working days before an initial and 5 working days before a review meeting.* |       |

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| **Report writer’s sign-off:** |
| **Name & Signature**  |       |
| **Date**  |       |
| **What agency are you from and what is your role** |  |

*Please ensure that you have shared your report with those with legal parental responsibility at least 2 working days before an initial meeting and 5 working days before a review meeting. If you are concerned that this could leave a child, young person or adult at risk, please discuss with your line manager and contact the meeting chair.*