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| **Initial Child Protection Conference***Chair’s summary, and plan* |

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**Date of this conference:**

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| **Basic details** |
| **Each child’s name and age** |  |
| **Conference Chair** |  |
| **Attendees**  |  |
| **Apologies** |  |
| **Decision of conference today** |  |
| **Category if relevant** |  |

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| ***As well as this summary and plan, please read the reports and consultation forms listed below. Together these form the record of the conference.*** |
| *EG:*1. *Social worker’s report by XXXX*
2. *GP report by Dr XXXX.*
3. *School nurse report by XXX*
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| **Each child’s views** |
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| **Each parent/carer’s views** |
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| **Chair’s summary**  |  |

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| **Danger Statement**  |  |

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| **Safety goals** |  |

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| **The plan**  |

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| **What are we worried about?** (risk/needs) | **What needs to happen?** (action) | **Who will do this?**  | **When does it need to be done?**  | **What changes do we want to see** (outcome) |
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| **Scaling** |  |
| **Scaling question:** *- Parents’ views* *- Professionals’ views*  *(include category & reasons if appropriate)* | Name: Scale:Comments:Name: Scale:Comments:Name: Scale:Comments:Name: Scale:Comments:Name: Scale:Comments:Name: Scale:Comments: |

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| ***Please note below if there is any dissent to the decision*** *(and reasons)* |
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| **Contingency plan** |  |

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| **Core group membership** **(***if applicable)* |  |

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| **Proposed date, time, and place** **of next core group meeting** *(if applicable)* |  | *The CP plan is brought to each core group meeting. Each action on the plan must be reviewed, so that progress can be seen and any difficulties are resolved.* *The core group can propose changes.* |

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| **Proposed date, time, and place** **of next Review Child Protection Conference.**  |  | **Proposed date, time, and place of midway review between chair and social worker***(if applicable)* |  |
| ***Or please note if the next meeting is a Child in Need Review Meeting.*** |  |

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| **Date all professionals must share their written report for the next conference with parents** |  |