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

****

**Date of this conference:**

*Date of last conference:*

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

|  |
| --- |
| ***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* |

|  |
| --- |
| **Each child’s views** |
|  |

|  |
| --- |
| **Each parent/carer’s views** |
|  |

|  |  |
| --- | --- |
| **Chair’s summary** |  |

|  |  |
| --- | --- |
| **Danger Statement** |  |

|  |  |
| --- | --- |
| **Safety goals** |  |

|  |
| --- |
| **The plan** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **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: |

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

|  |  |
| --- | --- |
| **Contingency plan** |  |

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

|  |  |  |
| --- | --- | --- |
| **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.* |

|  |  |  |  |
| --- | --- | --- | --- |
| **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.*** |  |

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