## Record of initial CP conference (CSSW)

**Conference Details** 



Subjects									
	Name		Date o	f birth			Address		
Confere	nce date								
Planned date of conference				Actual date of conference					
Location o	of confere	nce							
Reason fo	r change (	of date							
Conferen	nce atten	dees							
Name	Role oı	Team / rganisatic	Email I	Date nvitatior Sent		Attended a	Sent apologies	Report expected	
<b>CP</b> Chai	rs Moni	toring Ir	nformat	ion					

Has the Child's Plar	been created?		
O Yes		ONo	
Child's involvemen	t		
Please state how the child contributed to the meeting, whether they attended and what steps were taken to encourage their involvement.			
Are there concerns their attendance?  O Yes	about this child(ren)	's school place (or	alternative provision), or
If Yes please list the children in the family for whom this is an issue			
		he is unborn or belo	w school age please select <b>No</b>
Does the parent ha	ve an advocate?		
O Yes		O No	
If 'Yes', who is the a	advocate?		
O Associated Professional	O Family Member	O Friend	O Independent FGC Co-ordinator

Details	
£ 184-1 (	
1 ' <b>NO</b> ', (	Chair to provide parent with details of advocacy options
Family	Circumstances - Please tick relevant boxes
	Domestic Violence
	Relevant criminal record
	Disability - parent
	Disability - child
	Special educational needs
	School attendance - Non attender
	School attendance - Excluded
	Racial harassment
	Lone parents
	Child to child abuse
	Mental health issues - parent
	Mental health issues - child
	4+ children
	Alcohol abuse
	Drug abuse
	Young parents <18
	Suspected trafficking
	Physical chastisement
	Online safety
	Sexual abuse

ID:

Name:

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SW report available to chair prior to conference						
Initial conference (48h + before)						
Review conference (5 w/days before)						
Were parents invited	d to meet with chair pre or post CP Conference?					
O Yes	ONo					
Did the parents take	up the offer?					
O Yes	O No					
If not, what was the reason given?						
	d report before conference					
Initial conference (48h + before)						
Review conference (5 w/days before)						
Parents given opportunity to go through report with SW prior to conference						
SW arrived 15						
minutes before conference start time						
Interpreter required						
Interpreter present						

Record of meeting	
Reason for conference - what are we worried about?	
Summary of discuss	ion
What is working well?	
What are we worried about?	

Name:	ID:	Record of initial CP conference (CSSW)
What is not clear?		
<b>Conference Decision</b>	ns and Recommendations	
Discussion and decision about need for a child protection plan		
Harm statement		
these affect them	ries about the child's / children's safety a	nd wellbeing, including how
If nothing changes we are worried that		

## **Safety statement**

Summarise the outcomes that would be needed to ensure the child's / children's safety and wellbeing, including how these would benefit them

Name:	I	D:	Record of initial CP conference (CSSW)
In order to make things safe			
What actions will be (contingency plan)?	taken if this plan do	es not work	or cannot be carried out
Examples of triggering ev	vents are parents not im not taking up services, p	plementing a pl perpetrators retu	y plan will be implemented. lan, professionals not being able urning to the family home in
Please give details of what actions will be followed and in what			
timescales in order to implement the contingency plan, for			
example convening a core group meeting professionals network meeting, legal			
planning meeting etc.			
Conference Decision	s - 0		
Start child on a plan		Is a child in ne	eed plan required?
Categories of Child Pro	otection Plan		
	Cate	egory	

## **Recommendations of the conference**

Further actions required						
☐ Complete further assessment(s)						
Details of furthe	r assessment(s) ı	required				
	al to other agenc	ies				
Details of other	agencies					
For full details of actions required, please refer to the Child's Plan						
Arrangements for further meetings						
Core Group Me	embers					
Name	Role	Team / organisation	Telephone number(s)	E-mail	Key worker	
Date and time	of core group me	eting				

Venue

Name:	ID:	Record of initial CP conference (CSSW)
Date and time of Review Conferen	ce	
Venue		