

Record of review CP conference (CSSW)



Conference details

Subjects

Name	Date of birth	Address

Conference date

Planned date of conference

If defer and reconvene is selected, this should be the date this decision was made

Actual date of conference

Location of conference

Reason for change of date

Conference attendees

Name	Role	Team / organisatio	Email	Date Invitation Sent	Invited	Attended	Sent apologies	Report expected	Report submitted

CP Chairs Monitoring Information

Has the Child's Plan been created? Yes No**Child's involvement**

Please state how the child contributed to the meeting, whether they attended and what steps were taken to encourage their involvement.

Are there concerns about this child(ren)'s school place (or alternative provision), or their attendance? Yes No

If Yes please list the children in the family for whom this is an issue

*If you are only working with one child and he/she is unborn or below school age please select **No***

Does the parent have an advocate? Yes No**If 'Yes', who is the advocate?** Associated Professional Family Member Friend Independent FGC Co-ordinator

Details

If **'No'**, 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

SW report available to chair prior to conference**Initial conference (48h+ before)** Yes No**Review conference (5 w/days before)** Yes No**Were parents invited to meet with chair pre or post CP Conference?** Yes No**Did the parents take up the offer?** Yes No

If not, what was the reason given?

Parents / carers read report before conference**Initial conference (48h+ before)** Yes No**Review conference (5 w/days before)** Yes No**Parents given opportunity to go through report with SW prior to conference** Yes No**SW arrived 15 minutes before conference start time** Yes No**Interpreter required** Yes No

Interpreter present

Yes

No

N/A

Record of meeting

Reason for conference
- what are we worried
about?

Summary of discussion

What is working well?

What are we worried
about?

What is not clear?

Conference decisions and recommendations

Discussion and decision about need for a child protection plan

Harm statement

Summarise the main worries about the child's / children's safety and wellbeing, including how these affect them

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

In order to make things safe

What actions will be taken if this plan does not work or cannot be carried out (contingency plan)?

Please state under what circumstances or events the contingency plan will be implemented. Examples of triggering events are parents not implementing a plan, professionals not being able to see the child, parents not taking up services, perpetrators returning to the family home in domestic abuse cases, children not attending school regularly.

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 Decisions - 0

Child Protection Plan to continue?

Is a child in need plan required?

Reason for Child Protection Plan to end

Categories of Child Protection Plan

Category

The following categories are missing from the table above, please add the same existent current categories to the table

Existing categories

Reasons for conference decision

Recommendations of the conference

Further actions required

- Complete further assessment(s)

Details of further assessment(s) required

Name:

ID:

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Referral to other agencies

Details of other agencies

For full details of actions required, please refer to Conference Outline Plan

Arrangements for further meetings

Core Group Members

Name	Role	Team / organisation	Telephone number(s)	E-mail	Key worker

Date and time of core group meeting

Venue

Name:

ID:

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Date and time of Review Conference

Venue