

REPORT FOR CHILD PROTECTION CASE CONFERENCE

STRICTLY CONFIDENTIAL

Date of Meeting **INITIAL / REVIEW (Delete as appropriate)**

Report by **Date**

Designation **Base**

Family Surname **Aka**

Child's Name:	DOB:	Parents/Carers/ Significant others:	DOB:	Relationship:

Address

.....

.....

CHRONOLOGY OF SIGNIFICANT EVENTS:
 Include Agency & Professional contact with the child and family including non-attendance, no access visits.

NEEDS OF THE CHILD AND PARENTING CAPACITY
 (complete one for each child)

CHILD'S NAME DOB

1) LIVING ENVIRONMENT

2) FAMILY AND SOCIAL RELATIONSHIPS

3) IDENTITY AND SOCIAL PRESENTATION

4) EMOTIONAL AND BEHAVIOURAL DEVELOPMENT

5) PHYSICAL AND PSYCHOLOGICAL HEALTH

6) EDUCATION AND EMPLOYMENT

**ANALYSIS OF THE IMPLICATIONS FOR THE CHILD/REN'S FUTURE
SAFETY, HEALTH AND DEVELOPMENT.**

RECOMMENDATIONS TO REDUCE RISK:

SIGNATURE **DATE.....** **BASE**
.....