****

**Derby Safeguarding Children Boards Multi-agency report for**

**Child in Need (CIN) Review meeting**

|  |  |
| --- | --- |
| **Name/title of professional completing report:** |       |
| **Agency:** |       |
| **Workplace address, including postcode:** |       |
| **Phone number:** |       | **Email:**(Note: minutes will be circulated by secure email) |       |
| **Signature:** |       | **Date:** |       |
| **Date of CYPD involvement** |       | **Date of meeting:**  |       |

**Child/children’s details, including any unborn children**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of child/young person:** |       | **Nursery/School:**  |       |
| **EDD/DOB** | **Gender** | **Ethnicity** | **Disabilities** | **Religion** |
|       | Female [ ]  Male [ ]   |       |       |       |
| **Name of child/young person:** |       | **Nursery/School:**  |       |
| **EDD/DOB** | **Gender** | **Ethnicity** | **Disabilities** | **Religion** |
|       | Female [ ]  Male [ ]   |       |       |       |
| **Name of child/young person:** |       | **Nursery/School:** |       |
| **EDD/DOB** | **Gender** | **Ethnicity** | **Disabilities** | **Religion** |
|       | Female [ ]  Male [ ]  |       |       |       |
| **Name of child/young person:** |       | **Nursery/School:**  |       |
| **EDD/DOB** | **Gender** | **Ethnicity** | **Disabilities** | **Religion** |
|       | Female [ ]  Male [ ]  |       |       |       |
| **Name of child/young person:** |       | **Nursery/School:**  |       |
| **EDD/DOB** | **Gender** | **Ethnicity** | **Disabilities** | **Religion** |
|       | Female [ ]  Male [ ]  |       |       |       |

|  |
| --- |
| **Family Home address, including postcode:** |
|       |
| **Phone number:** |       |

**Parent/carers details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent/carer name** | **DOB** | **Address, if different from the above** | **Phone number** | **Relationship to child/children** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**Details of significant others living or not living in the household**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DOB** | **Address, if different and phone number** | **Relationship to child/children** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**Key Information for the Child in Need Review meeting**

**Impact**

|  |
| --- |
| 1. **What have you accomplished with the unborn/child/children and family since the network started working together with the family or last child protection conference? What progress has been made against the Child in Need plan?** (Consider assessments/ interventions with child/parents/carers/family, core groups and communications with partner agencies)
 |
|       |

|  |
| --- |
| 1. **Who have you seen and when**? (Attendance/non-attendance at appointments, clinics, home visits, core groups etc.)
 |
| **Child/children:**       |
| **Parents/carers:**       |

|  |
| --- |
| 1. **Child’s individual wishes and feelings** (Consider what you have observed and/or what the child has told you. What is their understanding about what’s happening to them and why they think agencies are involved? What would they like to see changed?)
 |
|       |

**ANALYSIS**

**Strengths/Resilience/Safety**

|  |
| --- |
| 1. **What is working well/What has been achieved?** (Consider what has changed and how this impacts on each individual child, including unborn baby’s)
 |
|       |

**Threats/Risks**

|  |
| --- |
| 1. **What is still outstanding?** (Re-consider identified or possible risks, change within each child’s timeframes and potential for change)
 |
|       |

**Opportunity**

|  |
| --- |
| 1. **What will good look like?** (How will you know things are improving for the unborn/child/children? What will be different, what will we see? How will everyone (including the child) be working together and know what is happening?
 |
|       |

**Partnership/Planning**

|  |
| --- |
| 1. **What will be your continued role in improving the outcomes for the unborn/child/children?**
 |
|       |
| **What do you think needs to happen if the agreed actions are not completed and things don’t improve for the unborn/child/children?**       |

**Participation**

|  |
| --- |
| 1. **With whom have you shared your report? If not shared, why not?**
 |
|       |
| **Where appropriate, child’s/young person’s comment on report and recommendations:**       |
| **Parents/carers comment on report and recommendations:**       |

**END**