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**Derby and Derbyshire Safeguarding Children Boards’**

**Multi-agency report for Review Child Protection Conference (RCPC)**

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| **Name/job title of professional completing report:** |       |
| **Agency:** |       |
| **Workplace address, including postcode:** |       |
| **Phone number:** |       | **Email:** |       |
| **Name/job title of manager:** |       | **Email:** |       |
| **Signature:** |       | **Date:** |       |
| **Date of ICPC:** |       | **Date of RCPC:** |       |

**Child/children’s details, including any unborn children** (For any unborn children please insert the mother’s NHS number, when born update the form with the child’s own NHS number)

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| **Name of child/young person:** |       | **Nursery/School and DfE No:** |       |
| **EDD/DOB** | **Gender** | **NHS No.** | **Ethnicity** | **Disabilities** |
|       | Female [ ]  Male [ ]  |       |       |       |
| **Name of child/young person:** |       | **Nursery/School and DfE No:** |       |
| **EDD/DOB** | **Gender** | **NHS No.** | **Ethnicity** | **Disabilities** |
|       | Female [ ]  Male [ ]  |       |       |       |
| **Name of child/young person:** |       | **Nursery/School and DfE No:** |       |
| **EDD/DOB** | **Gender** | **NHS No.** | **Ethnicity** | **Disabilities** |
|       | Female [ ]  Male [ ]  |       |       |       |
| **Name of child/young person:** |       | **Nursery/School and DfE No:** |       |
| **EDD/DOB** | **Gender** | **NHS No.** | **Ethnicity** | **Disabilities** |
|       | Female [ ]  Male [ ]  |       |       |       |
| **Name of child/young person:** |       | **Nursery/School and DfE No:** |       |
| **EDD/DOB** | **Gender** | **NHS No.** | **Ethnicity** | **Disabilities** |
|       | Female [ ]  Male [ ]  |       |       |       |

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

**Parent/carers details**

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| --- | --- | --- | --- | --- |
| **Parent/carer name** | **DOB** | **Address, if different from the above** | **Phone number** | **Relationship to child/children** |
|       |       |       |       |       |
|       |       |       |       |       |
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**Details of significant others living or not living in the household**

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| **Name** | **DOB** | **Address, if different and phone number** | **Relationship to child/children** |
|       |       |       |       |
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**Key Information for the Review Child Protection Case Conference**

**Impact**

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| 1. **What have you accomplished with the unborn/child/children and family since the last child protection conference? What progress has been made against the child protection plan?** (Consider assessments/ interventions with child/parents/carers/family, core groups and communications with partner agencies)
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| 1. **Who have you seen and when**? (Attendance/non-attendance at appointments, clinics, home visits, core groups etc.)
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| **Child/children:**       |
| **Parents/carers:**       |

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| 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?)
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**ANALYSIS**

**Strengths/Resilience/Safety**

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

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

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| 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?
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**Partnership/Planning**

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| 1. **What will be your continued role in improving the outcomes for the unborn/child/children?**
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|       |
| **What are the unborn/****child/children’s needs?** (Desired outcomes) | **How will we meet them?** (Be concrete and specific) | **Who will do it?**(Family member, extended family, professional, other) | **When will this be done?** (Remember child’s time frames) |
|       |       |       |       |
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| **What are your fears if the agreed actions are not completed and things don’t improve for the unborn/child/children?**       |

**Participation**

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

**END**