

**Multi-agency report for**

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

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| **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**

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| **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 | |  | |  | |  |

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| **Family Home address, including postcode:** | |
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| **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 Child in Need Review meeting**

**Impact**

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| 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) |
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| 1. **Who have you seen and when**? (Attendance/non-attendance at appointments, clinics, home visits, core groups etc.) |
| **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’s) |
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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 timeframes 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 do you think needs to happen 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?**   **Please ensure this is shared prior to the review** |
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| **Where appropriate, child’s/young person’s comment on report and recommendations:** |
| **Parents/carers comment on report and recommendations:** |

**For CIN reviews chaired by the Child In Need Reviewing Officers please send the report securely to** [**CINReviews@derby.gov.uk**](mailto:CINReviews@derby.gov.uk) **.**

**For reviews chaired by Team Manager/ Senior Practitioner / Social Worker please send the report securely to the social worker.**

**The social worker will know in advance who is chairing the CIN Review and can confirm this for you.**

**END**