

**Report for Review Child Protection Conference (RCPC)**

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| **Date of ICPC** |  | **Time** |  |
| **Name of Child/ren** |  | **DOB** |  |
| **Name of agency** |  | | |

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| **Family living in the home** | | |  | | | |
| **Name** | **D.O.B/EDD?** | | **Relationship** | **PR?** | | **NHS number** |
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| **Significant others outside of the home** | | |  | | | |
| **Name** | **D.O.B** | **Address** | **Relationship** | **PR?** | **NHS number** | |
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| **Education setting** |  |
| **GP details** |  |

**Please complete this report in conjunction with the attached guidance.**

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| **What is working well?**   * Tell us about **existing safety** in the family; when the child has been kept safe from harm in the past, or how the child is currently kept safe from harm; * Tell us about the **existing strengths** in the family, which are things that are positive for the child, but do not necessarily keep them safe. |
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| **What are we worried about?**   * Tell us about **past harm** that the child has experienced; * Tell us about the **current danger** the child is facing or harm they are currently experiencing; * Tell us what the **impact** is on the child; * Tell us **what will happen if nothing changes**. |
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| **Complicating Factors**   * Tell us what things are **getting in the way** of the family being able to make changes. |
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| **Network**   * Tell us what you know about the **child and family’s network**; the people in their wider family and social circle, and whether these people can help or not. |
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| **Work already undertaken**   * Provide information regarding your agency’s attempts to support the family to date, and progress made; |
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| **So what?**   * Provide your professional **analysis.** |
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| **What needs to happen (including recommendation)**   * What **help and support** does the family need, in order to make sure they are able to keep the child safe? * **What could you do** as part of the child’s plan? * What is your **recommendation** about whether or not the child needs a child protection plan, and **why(threshold)**? This recommendation will be based on the information you currently hold and may be subject to change based on information shared at conference. |
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| **Views of the child and family**   * What is your understanding of **what the child’s life is like**? * What has the **child told you** or what have you **observed**? * What are the views of the **parents/carers**? * What are the views of the **family’s network?** | |
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| **Date shared with family** |  |

**By completing this report, you are giving permission for the report to be shared with all conference participants. You must share this report with the family at least two days prior to the conference.**

Signed:

Name:

Agency:

Date: