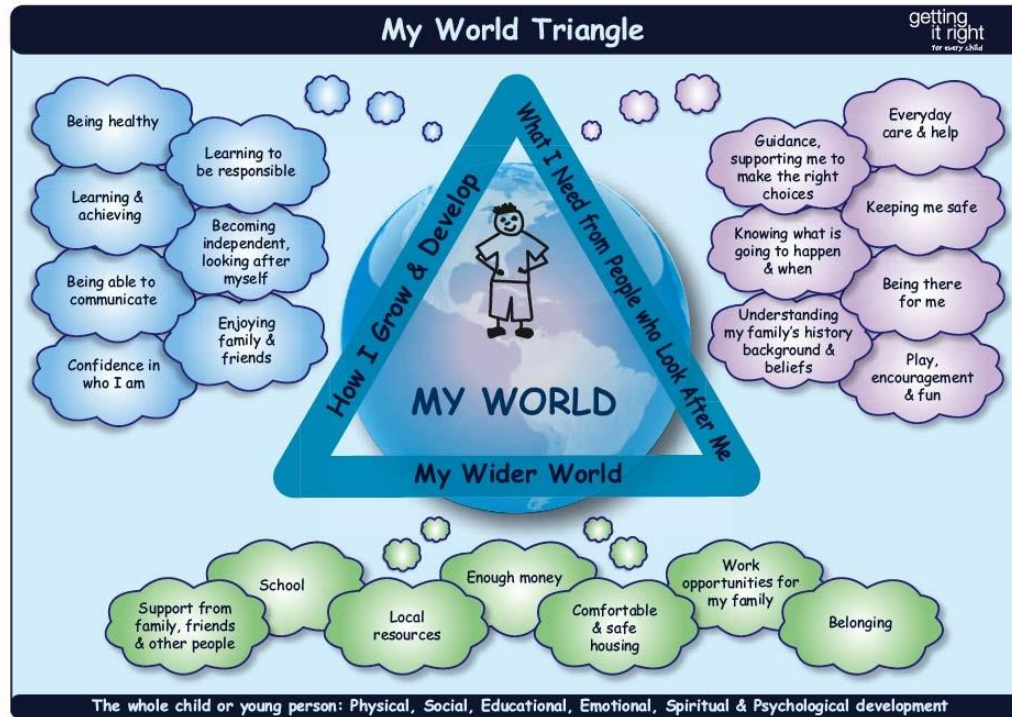


This report is to be treated as CONFIDENTIAL and stored securely.



This report has been prepared for a Child Protection Conference (CPC). The assessment will draw upon assessment models focusing on the child.

**This report is to be treated as CONFIDENTIAL and its contents not disclosed without proper consent obtained, however it may be used as part of any legal proceedings.**

If you believe you have received this report in error, please return it to: Independent Safeguarding and Standards

16 Britannia Place  
Bath Street  
St Helier, Jersey  
JE2 4SU



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**Social worker report for a child protection case conference**

A multi-agency chronology should accompany this report.

Child / Young Person details:			
<b>Name:</b>	<b>DOB:</b>	<b>Legal Status:</b>	<b>Date of Meeting:</b>
<b>Address:</b>	<b>Language(s) spoken / Communication needs:</b>	<b>Ethnic Origin:</b>	
		<b>Religion:</b>	

Parent / Carer/Significant Others details:			
<b>Name:</b>	<b>DOB</b>	<b>Relationship to child:</b>	<b>PR?</b>
			Yes/No
<b>Address:</b>	<b>Languages(s) spoken:</b>	<b>Religion:</b>	<b>Ethnic Origin:</b>
<b>Name:</b>	<b>DOB</b>	<b>Relationship to child:</b>	<b>PR?</b>
			Yes/No
<b>Address:</b>	<b>Languages(s) spoken:</b>	<b>Religion:</b>	<b>Ethnic Origin:</b>
<b>Name:</b>	<b>DOB</b>	<b>Relationship to child:</b>	<b>PR?</b>
			Yes/No
<b>Address:</b>	<b>Languages(s) spoken:</b>	<b>Religion:</b>	<b>Ethnic Origin:</b>

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Sibling details:				Own CP Plan?
<b>Name:</b>	<b>DOB</b>	<b>Relationship to child:</b>		Yes/No
<b>Address:</b>	<b>Languages(s) spoken:</b>	<b>Religion:</b>	<b>Ethnic Origin:</b>	
<b>Name:</b>	<b>DOB</b>	<b>Relationship to child:</b>		Yes/No
<b>Address:</b>	<b>Languages(s) spoken:</b>	<b>Religion:</b>	<b>Ethnic Origin:</b>	
<b>Name:</b>	<b>DOB</b>	<b>Relationship to child:</b>		Yes/No
<b>Address:</b>	<b>Languages(s) spoken:</b>	<b>Religion:</b>	<b>Ethnic Origin:</b>	
<b>Name:</b>	<b>DOB</b>	<b>Relationship to child:</b>		Yes/No
<b>Address:</b>	<b>Languages(s) spoken:</b>	<b>Religion:</b>	<b>Ethnic Origin:</b>	

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**PEN PICTURE OF CHILD**

**REASON FOR THIS CONFERENCE**

**DATE OF STRATEGY MEETING (for ICPC's only)**

**SITUATION FOR THE CHILD AT THE MOMENT (for ICPC's only)**

**CURRENT PLAN FOR MY SAFETY AND WELL BEING (for RCPC's only)**

If there is already a protection plan that is in place to help provide for my safety and well-being, please provide an update on any progress that was made.

WHAT NEEDS TO HAPPEN	SPECIFIC INTERVENTION	WHO WILL BE RESPONSIBLE AND WHEN DOES IT NEED TO BE DONE?	HOW WILL CHANGE BE IDENTIFIED	WHAT PROGRESS HAS BEEN MADE (Reviews)

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### SOCIAL WORK VISITS

Outline how many times you visited me and my siblings, if it was unannounced, and if you spoke with us alone.

Date of visit	Children seen and where?	Unannounced?	Seen alone?
		Yes/No	Yes/No
		Yes/No	Yes/No
		Yes/No	Yes/No
		Yes/No	Yes/No
		Yes/No	Yes/No
		Yes/No	Yes/No
		Yes/No	Yes/No
		Yes/No	Yes/No
		Yes/No	Yes/No

### CORE GROUP MEETINGS (for RCPC's only)

List all core group meeting dates that took place since the last CPC.

Date of meeting	Did all members attend?	Members who did not attend
	Yes/No	
	Yes/No	
	Yes/No	

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	Yes/No	
	Yes/No	
	Yes/No	

### HOW I GROW AND DEVELOP

Consider my safety, health, social, educational and relationship needs; my identity; and my general growth and development.

### WHAT I NEED FROM PEOPLE WHO LOOK AFTER ME

Consider whether my carers can keep me safe; and their understanding of my health, social, educational & relationship needs, my identity; and how they meet my general care needs.

### MY WIDER WORLD

Consider my 'environmental' factors – where I live, my extended family, what nursery/school is like for me, what community supports my parents/carers and I can use, whether there are any financial worries, my sense of love and affection.

### SOCIAL WORKER ANALYSIS OF THE IMPACT ON THE CHILD

Social Worker Report for a Child Protection Case Conference, States of Jersey

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Explain your understanding of how safe you think I am and any concerns you have. Consider the actual and/or potential impact on me.

What is going well?	What are we worried about?

**CHILD'S VIEWS**

What are my views on your assessment of me and any plans you are proposing for my future safety and well-being? If I was unable to express my views (due to my age or ability to understand), what would you say is best for me knowing me and my family situation?

**PARENT / CARERS VIEWS**

What are the views of my parents or the people who care for me?

**OUTLINE CHILD PROTECTION PLAN**

WHAT NEEDS TO HAPPEN	SPECIFIC INTERVENTION	WHO WILL BE RESPONSIBLE AND WHEN DOES IT NEED TO BE DONE?	HOW WILL CHANGE BE IDENTIFIED

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**SIGNATURES**

Social Worker		Signature		Date	
Line Manager		Signature		Date	