**LANCASHIRE SAFEGUARDING CHILDREN BOARD**

**STRICTLY CONFIDENTIAL**

**REVIEW CHILD PROTECTION CONFERENCE DECISION SHEET**

**REVIEW CHILD PROTECTION CONFERENCE DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Review Conference** |  | **Venue** |  |
| **IRO/s** |  | **Telephone Number** | 0845 053 0009 |
| **Office Address** | PO Box 1337County HallPrestonPR2 0TG |  |

**CHILD'S DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child's Service User Number** | **Surname** | **First Name** | **Date of Birth** |
|  |  |  |  |
| **Current Address** |  |
| **Home Address (if different to above)** |  |

**FAMILY (AND OTHER SIGNIFICANT PEOPLE INCLUDING SIBLINGS):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Relationship to Child/ren** | **Address** |
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**OTHER DETAILS**

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| --- | --- |
| **School/s** |  |
| **Child/ren's GP** |  |

**(Consideration must be given to each child of the family in their own right. This consideration must be evident on the recorded decisions, recommendations, plans and assessments).**

**ATTENDANCE LIST**

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| --- | --- | --- | --- |
|  | **Name** | **Designation** | **Agency Represented** |
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**APOLOGIES**

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|  | **Name** | **Designation** | **Agency Represented** |
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**ADDITIONAL DISTRIBUTION**

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|  | **Name** | **Designation** | **Agency Represented** |
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**🞸 Denotes person will receive a full set of minutes**

**CORE GROUP MEETING**

|  |  |
| --- | --- |
| **Date** |  |
| **Time** |  |
| **Venue** |  |

**CORE GROUP MEMBERS**

|  |  |  |
| --- | --- | --- |
| **Name** | **Designation** | **Agency Represented** |
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**SUMMARY OF CONCERNS THAT LED TO A CHILD PROTECTION PLAN BEING MADE**

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**DECISION OF CONFERENCE (AND CATEGORY OF APPLICABLE RISK)**

**It was a (unanimous / majority) decision of the conference that** **(name of child) (remains subject / is no longer subject) to a Child Protection Plan under (state category)**

**DISSENTING VIEWS:**

**AGENCY DISSENTED**

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**UNMET NEEDS**

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**OTHER DETAILS**

|  |  |  |
| --- | --- | --- |
| **SOCIAL WORKER** | **ADDRESS** | **OFFICE TELEPHONE NUMBER** |
|  | PO Box 1337County HallPrestonPR2 0TG | 0845 053 0009 |
| **LENGTH OF CONFERENCE** |  |  |

**REVIEW CONFERENCE**

|  |  |
| --- | --- |
| **Date** |  |
| **Time** |  |
| **Venue** |  |

**Independent Reviewing Officer Signature: ………………………………………………………**

**Date: ………………………………………………………**

**THE REVISED/RESTATED CHILD PROTECTION PLAN**

What needs to change in order to achieve the outcomes to safeguard and promote the welfare of the child?

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| --- | --- | --- | --- | --- |
| **Risk Factors**(considering a child's developmental needs, parenting capacity and the family/environmental factors) | **How will this be addressed?**(e.g. actions/services to be taken/provided) | **By Whom?**(e.g. Person/Agency responsible) | **Timescale/Frequency**(e.g. hours per week) | **Planned/Intended Outcome**(i.e. progress to be achieved by specified date or next review) |
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**VISITING PATTERN INCLUDING:**

* Details of who will check on the safety and welfare of the child(ren) and how this will be achieved.
* The names of any children deemed to be old enough to be seen on their own.

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How the child(ren), parents/carers will be involved in child protection plans and what support/assistance will be available to them?

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How will overall progress be monitored and evaluated and by whom?

This is the responsibility of the Core Group.

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What is the contingency plan?

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Date of Agreed Plan: