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| **Child Protection/CLA Review Report Template** |
| **Multi-agency professionals report to Child Looked After Review** |
| **Agency Name:** |

**This report is for professionals (from any agency) attending Initial & Review Child Protection Conferences (CPC) or CLA Review meetings, to provide relevant information about the children and the young people they are working with. Please write the report based on your professional knowledge and understanding of the child/ren and family. You only need to complete one report for all the relevant family members that you are working with. It is good practice to share this report with the family prior to the conference/review so that there are no surprises for them.**

**Please see the attached guidance on signs of safety, risk analysis and decision making to assist in completing your report.**

**Your report should be shared with the Independent Reviewing Officer in advance of the conference/review, and should be discussed with the child and the family prior to the conference/review.**

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| **Child/ren’s name/s** | **DOB or EDD** |
| **Parent/ Carers names** | **Date of CPC** |
| **Family address** |

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| **Summary of your (your agency’s) involvement with this child and family.** **What help (your agency) or any multi agency support (eg Early help assessment) that has been offered to the family and what difference that has made.** |
| **What is going well? *What are the existing strengths and protective factors in this family that provide safety for the child?*** |
| **What are you worried/concerned about? *Include any relevant information about the risk factors and harm to the child, either historical, present or future.*** |
| **What are the child/ren’s wishes and feelings** **What do they think needs to happen** **What do they want to change?** [***LSCB guidance to ensure voice of the child is heard***](http://cumbrialscb.proceduresonline.com/chapters/p_voice_child.html) |
| **What do the family/carer think needs to happen and to change?** |
| **What do you think needs to change? *What will keep this child safe from future harm/ danger?*** |
| **Using the LSCB scaling tool and taking into account and based on your Agency information and involvement with this family please score each child individually on a scale of 1-10. The scaling tool can be found on the LSCB website on Policies and Procedure document library.** [**http://cumbrialscb.proceduresonline.com/chapters/docs\_library.html**](http://cumbrialscb.proceduresonline.com/chapters/docs_library.html)***UNSAFE 1 2 3 4 5 6 7 8 9 10 SIGNS OF SAFETY*** |
| **What help will you/your agency be providing to support the family to make these changes? This will form part of the Child Protection Plan/CLA review for this Child/children** |

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| **Your contacts details** |
| **Name** | **Role & Agency** | **Contact details. Address, Tel, email** |
| **Date of report** | **Signature** |
| **Line manager**  |
| **Name** | **Signature** |
|  **It is an expectation that you will attend the CPC/CLA review. If you are unable to do so, please indicate who will be attending and confirm that they will have knowledge of this family.** |
| **Has this report been shared with the family? The preference should be face to face, but in certain circumstances could be over the phone or by post yes/no if no reason why…..****Signature ……………………………………** |

**Practice Guidance - Signs of Safety (SOS)**

SOS is a strengths-based approach to working with families. The focus is on the strengths in the child’s network and on the help that can be provided to the family to increase safety. By using SOS, we have a common language to help all professionals involved with a family to assess risk of harm and develop plans to promote the child’s safety. SOS stresses the importance of working alongside families and to help make positive changes. Keep your language straight forward and try to avoid using professional jargon which is something confusing for families.

In your report to child protection conference (CPC) and at the meeting you are asked to contribute by giving a balance of information about what you consider to be the strengths in the family and your worries/concerns for the child/ren. It is expected that you will have spoken to the family about your concerns, so that it shouldn’t come as a surprise to them when they are at the CPC and you are asked to comment on what the child and family’s wishes and feelings are, as well as your own views.

You are then asked to give a judgement of the level of safety for the child using the safety scale. This is your judgement about how safe you believe the child is at the present time. There is no right or wrong answer, your decision should be based on your knowledge of the family and in the CPC meeting your judgement may change when you have further information from others.

**What is going well?**

Consider all the things that are in place when things are working well for the child and family. Think about all the strengths and positive factors in the child’s friend and family network that provide safety and protect the child from any potentially harmful experiences.

**What are you worried/concerned about?**

Consider actual or likely significant harm in relation to the individual child’s age and circumstances. When thinking about actual ‘past’ harm the child may have experienced, you should consider: The duration, frequency, context in which the harm takes place, the severity of the harm and what impact it has on the child’s health and wellbeing. When you are thinking about likely future harm/danger to the child, you should consider how probable it is that ‘past’ harm will occur again and if it did, how serious that would be.

**Safety Scale**

Consider how the harm/danger and protective/safety factors weigh up and come to a professional judgement about how safe the child is thought to be (using the safety scale).

**What needs to change – next steps**

Consider what needs to change and what you/your agency can contribute, to promote the signs of safety, to help keep the child safe in the future, this will inform the safety planning for the child at the CPC.