|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Professional** |  | | **Role** |  |
| **Name of Agency/School** | |  | | |

**Contact details** *(Please include email and contact telephone number)*

|  |  |  |  |
| --- | --- | --- | --- |
| Email |  | Mobile |  |

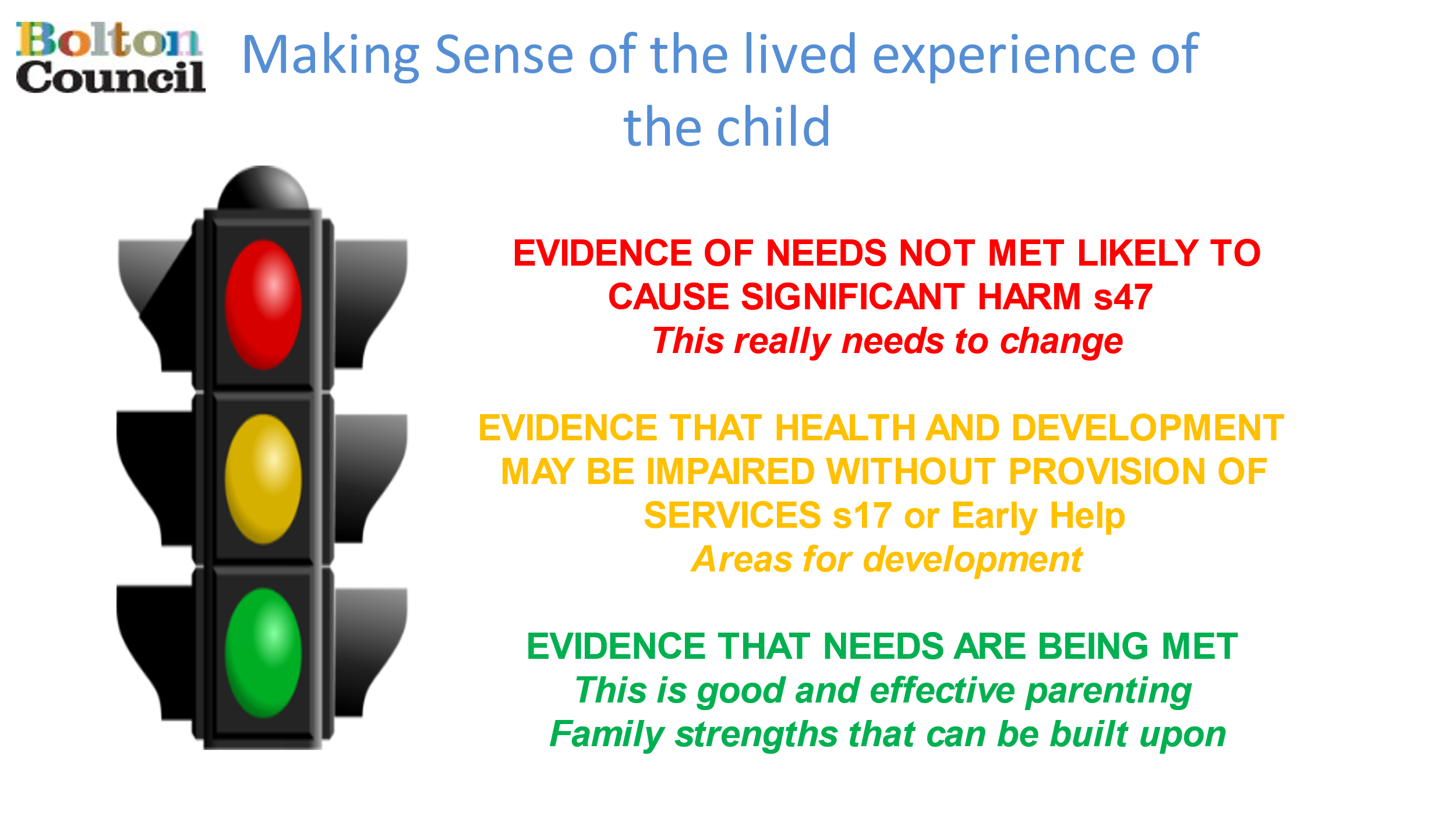
**Name/s of child/ren** **to be discussed:**

|  |  |
| --- | --- |
| **Name** | **DOB** |
|  |  |

*(Press* ***Return*** *to add more lines and* ***Tab*** *to move to next box)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | Click or tap to enter a date. | **and time of Conference** | | Click or tap to enter a date. | |
| Date report requested | | | Click or tap to enter a date. | |
| Date report completed | | | Click or tap to enter a date. | |
| Date report shared with parents/carers | | | Click or tap to enter a date. | |
| Date report sent to CPU | | | Click or tap to enter a date. | |

|  |
| --- |
| **What does this young person say about their daily life?** |
|  |
| **What does this parent/carer say about their daily life?** |
|  |



|  |
| --- |
| **Analysis of Risk**: Please refer to the ***Bolton Family Framework*** and categorise each point of concern or strength using the Traffic Light System below: |

|  |
| --- |
| **GREEN: Evidence that needs are being met:** |
|  |
| **AMBER: Evidence that health and development may be impaired without the provision of services:** |
|  |
| **RED: Evidence of needs not met and likely to cause significant harm:** |
|  |
| **Impact of risk upon the child/ren/young person. What might happen if nothing changes now or in the future?** |
|  |

In your professional opinion please indicate one of the following recommendations

Child Protection Plan required

Child Protection Plan to continue

Child Protection Plan not required/no longer required

|  |
| --- |
| **Please record any action’s/recommendations you feel are needed to achieve change:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **What are you worried about?** | **What does good look like?** | **What action will you provide to help keep this child/ren safe?** | **By who and by when?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Thank you from

**The Independent Reviewing and Conferencing Service**

Please return within a **maximum of 5 working days of receipt or at least 2 working days** of the above meeting date, whichever is sooner and email to [cpu@bolton.gov.uk](mailto:cpu@bolton.gov.uk)

**Please ensure you share your report with parents/carers prior to conference.**