**[Insert family name) Family Child Protection Plan**

|  |  |
| --- | --- |
| **Name** | **DoB** |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Initial Child Protection Conference** | **Date of**  **1st Core group** | **Date of 1st Review Child Protection Conference** | **Date of 2nd Core group** | **Date of 3rd Core group** | **Date of 2nd Review Child Protection Conference** | **Date of 4th Core Group** | **Date of 5th Core Group** | **Date of 3rd Review Child protection Conference** | *(Admin add in further core groups/ RCPCs OR delete any that have not been held*  *Delete ALL purple text before sending out)* |
|  |  |  |  |  |  |  |  |  |  |

1. **The insert family name family goals**

|  |
| --- |
| *ADMIN: Cut & paste the family goals from the C&F assessment section 10. Where there is a difference of opinion between the social worker and the family, please make that clear. Family goal, Child goal, Social worker goal* |

1. **Initial {insert family name}** **Child Protection Plan Date: xx/xx/xxxx**  *OR* **Review of the {insert family name} Child Protection Plan Date: xx/xx/xxxx**  *(delete depending on whether this is the initial plan created at the 1st core group or a review core group)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **What will it look like for my child/ children when the family and professionals are no longer worried?** | **What needs to happen?** | **Who will help you** | **How/Interventions** | **When do we think this needs to happen by?** | **How is the plan going?** | **Are the professionals no longer worried about this action?**  *Smiling Face with No FillNot worried*  *Neutral Face with No FillSlightly worried*  *Sad Face with No FillNo change* |
| 1. | *CP Chair TO COMPLETE THIS SECTION*  *e.g. Mother will be able to properly look after Sam (not drunk)* | *I.e. What are the family going to do themselves or with support from their wider network?*  *Mother will stop drinking* | *What professional or community support are they going to access?*  *FIT / Alcohol misuse services* | *what interventions are recommended*  *1:1 counselling support around triggers and coping mechanisms* | *Date to achieve outcome*  *1/03/18* | *Progress so far?*  *n/a if this is the initial Core group*  *Mother has been working hard not to drink and learning how to do things differently* | *this is the Status of the outcome i.e. professionals' worries have reduced rather than output e.g. training attended*  *slightly worried* |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |

1. **Has the core group decided that the plan needs to change? i.e. any NEW actions to be added to the plan, or changes to existing actions? To be reviewed on xx/xx/xxx** *(insert date of the next meeting when the plan will be reviewed.)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **What will it look like for my child/ children when the family and professionals are no longer worried?** | **What needs to happen?** | **Who will help you** | **How/Interventions** | **When do we think this needs to happen by?** | **How is the plan going?** | **Are the professionals no longer worried about this action?**  *Smiling Face with No FillNot worried*  *Neutral Face with No FillSlightly worried*  *Sad Face with No FillNo change*  *(Outcomes based)* |
| 1. |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |

1. **How safe is/are {insert child/ren name*]?*** *(Capture views by adding in the score box 1-5 the* ***date*** *of the decision i.e. at initial core group, there will only be date added underneath a number. At 2nd core group you will have the ‘starting point’ date & then the date of the 2nd core group under another score to reflect the score at this time ( this could remain the same, or could have changed depending on their assessmnet.) Remember to add in the comments section narrative as to why they have given this score. Remember to delete the example.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Name** | **1** | **2** | **3** | **4** | **5** | **Comments** |
| *E.g.* | *Mrs smith, Mother* |  | *1.1.16*  *20.02.16* | *30.03.16* | *02.05.16* |  | *I think that I have made lots of changes and my children feel safe now I have undertaken the work about alcohol.* |
| 1. | *Child 1* |  |  |  |  |  |  |
| 2 | *Child 2* |  |  |  |  |  | *Capture child’s view here* |
| 3 | *Parent 1* |  |  |  |  |  | *Capture Parents view here* |
| 4 | *Parent 2* |  |  |  |  |  | *Capture Parents view here* |
| 5 | *SW* |  |  |  |  |  | *Capture SW’s view here* |
| 6 | *Other Professionals e.g. GP* |  |  |  |  |  | *Capture Professional’s view here* |
| 7 | *Other Professionals e.g. School* |  |  |  |  |  | *Capture Professional’s view here* |
| 8 | *Other agency e.g. Police* |  |  |  |  |  | *Capture Professional’s view here* |

***Guidance to score***

1. *Children are unsafe and unprotected and support / action is needed urgently*
2. *Children often feel unsafe and support / action is needed*
3. *Children often feel safe and protected but support / action needed to improve this*
4. *Children feel increasingly safe and protected and plan in place to support further*
5. *Children are safe and protected*
6. **Our views on how well the INSERT FAMILY NAME Child Protection Plan is going (*delete the whole section if this is for an initial core group. As above*** *Capture views by adding in the score box 1-5 the* ***date*** *of the decision i.e. at initial core group, there will only be date added underneath a number. At 2nd core group you will have the ‘starting point’ date & then the date of the 2nd core group under another score to reflect the score at this time ( this could remain the same, or could have changed depending on their assessmnet.) Remember to add in the comments section narrative as to why they have given this score. Remember to delete the example.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Name** | **1** | **2** | **3** | **4** | **5** | **Comments** |
| E.g. | *Mr Smith* | *1.1.16*  *20.02.16*  *30.03.16* | *02.05.16* |  | *01.06.16* | *20.07.16* | *I think we are now finding what works with the boundaries and getting Jack to school.* |
| 1. | *Child 1* |  |  |  |  |  | *Capture child’s view here* |
| 2 | *Child 2* |  |  |  |  |  | *Capture child’s view here* |
| 3 | *Parent 1* |  |  |  |  |  | *Capture Parents view here* |
| 4 | *Parent 2* |  |  |  |  |  | *Capture Parents view here* |
| 5 | *SW* |  |  |  |  |  | *Capture SW’s view here* |
| 6 | *Other Professionals e.g. GP* |  |  |  |  |  | *Capture Professional’s view here* |
| 7 | *Other Professionals e.g. School* |  |  |  |  |  | *Capture Professional’s view here* |
| 8 | *Other agency e.g. Police* |  |  |  |  |  | *Capture Professional’s view here* |

***Guidance to score***

1. *Stuck*
2. *Accepting help*
3. *Trying*
4. *Finding what works*
5. *Effective parenting*

|  |
| --- |
| **6. Comments and analysis from family and professionals at meeting dated:** *Insert any comments here from family or professionals. What does this tell us about the progress, i.e. any change from last meeting e.g. FIT report mother has positively engaged in x6 sessions, arriving on time and being open and honest about how she is feeling and using strategies discussed when she feels the need to have a drink.* |
| **7. Chair Comments at meeting dated:** *FOR CP Chair to complete if 1st core group . Include: Attendees (indicate if child attended); was conference held in separate parts (split) or any additional response required to meet particular needs (Interpreter/ supporter etc.); was decision unanimous or not (note any disagreement and if these were ‘formal’ dissent); family strengths and areas of concern identified; conference outcome (including category if a CP plan started/continued). Any other observations as well as contingency plan. If ATM or TM chairing – any comments re engagement and progression*  **Name:**  **Signature:**  **Date:** |

**Who supported the creation of this plan?** Include any people who supported the plan, whether they attended the meeting or contributed in advance.

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **Attended Y/N** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Next core group**

**Date:**

**Time :**

**Venue:**