**Restorative Conferencing**

**Report Template**

**This Report is to be used by all Agencies for Review Child Protection Conference**

| **NAME OF AUTHOR** | | |
| --- | --- | --- |
| **NAME** | **NAME OF ORGANISATION** | **ROLE WITHIN ORGANISATION** |
|  |  |  |

| **Conference Details** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Date:** |  | **Time:** |  | **Venue:** |  |

| **Children Subject to Conference** | | | | |
| --- | --- | --- | --- | --- |
| **Name** | **Gender** | **Date Of Birth** | **Ethnicity** | **Do They Have a Disability?** |
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| **GP DETAILS OF CHILD/REN** |
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| **Address History** | |
| --- | --- |
| **Current Address – Permanent/Temp** |  |
| **Previous Address** |  |

| **Family Structure** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Address** | **Time at Address** | **Lived Abroad** | **Known Addresses Abroad** | **DOB** | **Relationship** |
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| **Significant Others** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Address** | **Time at Address** | **Lived Abroad** | **Known Addresses Abroad** | **DOB** | **Relationship** |
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| **Chronology of Significant Events** |
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| **What ARE We Worried about today?** |

| **Worries**  What has happened that worries us? Who did what, where, when, how? | **Impact on the child?**  Any changes in the child’s behaviour or presentation? What is life like for the child and their family? |
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| **What is Working Well?** |

| **Strength**  Strengths in the family? Demonstrated safety? What would the child say are the best things about his/her life? External support? | **Impact on the child?**  How does the strengths impact on the child? |
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| **Any Complicating Factors?**  What makes building safety for the children more complicated? |
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| **Views of the Child/Young Person** |
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| **Views of the Parents/Carers/Significant Others** |
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| **What do we want to see change?** |
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| **How can we support change?** |
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| **How will we know this has happened?** |
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| **Recommendations and Category** |
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**Scaling**

* 0--------------10 C:\Users\lynda.clifford\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\VP82757L\MC900423169[1].wmf

**0 means immediate action 10 means Problems are Solved.**

**is required to safeguard Child.**

**Please note: In line with Salford’s Safeguarding Procedures ALL agencies should share their written report with Parents (and if appropriate) with the young person at least 2 days before the Conference.**

**This will save time during the meeting and allows parents to be prepared and to challenge.**