**Child Protection Plan - Core Group Progress Report**

**PORTSMOUTH CITY COUNCIL**

**Child/Young Person Name**

**Child's Reference (CCM) Number**

**Date of Birth**

**Child/Young Person Name**

**Child's Reference (CCM) Number**

**Date of Birth**

**Your Social Worker is:**

**Daytime Phone**  023 92 839111

**Out of Hours Phone** 0845 600 4555

**Start Date of CP Plan (ICPC date)**

**Date of this CP Plan**

**Date and Time of Next Conference**

**Category**

**Reason for Initial Child Protection Conference**

**Dates of Conferences**

|  |  |
| --- | --- |
| ICPC |  |
| RCPC |  |
| RCPC |  |
| RCPC |  |

**Core Group Members:**

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| --- | --- |
| **Name** | **Title and Organisation** |
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**Date of next Core Group Meeting:**

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| --- | --- | --- | --- | --- |
| **1.** | **What harm has [child/ren's name/s] been exposed to/experienced?**  Add the need here | | | |
|  | | | |  |
| **What will we do to reduce/repair the harm?**  Add all actions linked to this need. | | **By When**  Add anticipated date of completion here | **By whom?**  Add person responsible here | **Are we there yet?**  RAG rated ie Red/Amber/ Green |
| **Core Group 1** | | | |  |
| **UPDATE:** | | | |  |
| **Core Group 2** | | | |  |
| **UPDATE:** | | | |  |
| **Core Group 3** | | | |  |
| **UPDATE:** | | | |  |
| **Core Group 4** | | | |  |
| **UPDATE:** | | | |  |
| **Core Group 5** | | | |  |
| **UPDATE:** | | | |  |

**Please remove Core Group boxes which have not been used**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2.** | **What harm has [child/ren's name/s] been exposed to/experienced?**  Add the need here | | | |
|  | | | |  |
| **What will we do to reduce/repair the harm?**  Add all actions linked to this need. | | **By When**  Add anticipated date of completion here | **By whom?**  Add person responsible here | **Are we there yet?**  RAG rated ie Red/Amber/ Green |
| **Core Group 1** | | | |  |
| **UPDATE:** | | | |  |
| **Core Group 2** | | | |  |
| **UPDATE:** | | | |  |
| **Core Group 3** | | | |  |
| **UPDATE:** | | | |  |
| **Core Group 4** | | | |  |
| **UPDATE:** | | | |  |
| **Core Group 5** | | | |  |
| **UPDATE:** | | | |  |

**Please remove Core Group boxes which have not been used**

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| --- | --- | --- | --- | --- |
| **3.** | **What harm has [child/ren's name/s] been exposed to/experienced?**  Add the need here | | | |
|  | | | |  |
| **What will we do to reduce/repair the harm?**  Add all actions linked to this need. | | **By When**  Add anticipated date of completion here | **By whom?**  Add person responsible here | **Are we there yet?**  RAG rated ie Red/Amber/ Green |
| **Core Group 1** | | | |  |
| **UPDATE:** | | | |  |
| **Core Group 2** | | | |  |
| **UPDATE:** | | | |  |
| **Core Group 3** | | | |  |
| **UPDATE:** | | | |  |
| **Core Group 4** | | | |  |
| **UPDATE:** | | | |  |
| **Core Group 5** | | | |  |
| **UPDATE:** | | | |  |

**Please remove Core Group boxes which have not been used**

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| --- | --- | --- | --- | --- |
| **4.** | **What harm has [child/ren's name/s] been exposed to/experienced?**  Add the need here | | | |
|  | | | |  |
| **What will we do to reduce/repair the harm?**  Core Group meeting to take place within 10 working days and then 6 weekly thereafter | | **By When**  Add anticipated date of completion here | **By whom?**  Add person responsible here | **Are we there yet?**  RAG rated ie Red/Amber/ Green |
| **Core Group 1** | | | |  |
| **UPDATE:** | | | |  |
| **Core Group 2** | | | |  |
| **UPDATE:** | | | |  |
| **Core Group 3** | | | |  |
| **UPDATE:** | | | |  |
| **Core Group 4** | | | |  |
| **UPDATE:** | | | |  |
| **Core Group 5** | | | |  |
| **UPDATE:** | | | |  |

**Please remove Core Group boxes which have not been used**

**Core Group 1**

**Date:**

**Attendance:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title and organisation** | **Attended** | **Apologies** |
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**PROGRESS**

Points to consider

* *Since the last meeting what has the family found most helpful?*
* *Since the last meeting what has the family found least helpful?*
* *Of the actions that have been fully completed what helped it happen?*
* *Of the actions that have been partially completed what needs to happen next and who can help with that?*
* *Of the actions have not been started what needs to happen next, what are the barriers and who can help?*
* *Are children safe in the meantime?*
* *Is there any additional information about the family that we need to consider?*
* *Does the plan need to be added to because of new information?*

**Core Group Discussion**

**Parent's/Child's feelings**

|  |  |
| --- | --- |
| Child |  |
| Parent |  |
| Family |  |

**Signatures (to confirm notes of this Core Group)**

|  |  |  |
| --- | --- | --- |
| **Name** | **Title and organisation** | **Signature** |
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**Core Group 2**

**Date:**

**Attendance:**

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| --- | --- | --- | --- |
| **Name** | **Title and organisation** | **Attended** | **Apologies** |
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**PROGRESS**

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**Core Group Discussion**

**Parent's/Child's feelings**

|  |  |
| --- | --- |
| Child |  |
| Parent |  |
| Family |  |

**Signatures (to confirm notes of this Core Group)**

|  |  |  |
| --- | --- | --- |
| **Name** | **Title and organisation** | **Signature** |
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**Core Group 3**

**Date:**

**Attendance:**

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| --- | --- | --- | --- |
| **Name** | **Title and organisation** | **Attended** | **Apologies** |
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**Core Group Discussion**

**Parent's/Child's feelings**

|  |  |
| --- | --- |
| Child |  |
| Parent |  |
| Family |  |

**Signatures (to confirm notes of this Core Group)**

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| --- | --- | --- |
| **Name** | **Title and organisation** | **Signature** |
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**Core Group 4**

**Date:**

**Attendance:**

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| **Name** | **Title and organisation** | **Attended** | **Apologies** |
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* *Is there any additional information about the family that we need to consider?*
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**Core Group Discussion**

**Parent's/Child's feelings**

|  |  |
| --- | --- |
| Child |  |
| Parent |  |
| Family |  |

**Signatures (to confirm notes of this Core Group)**

|  |  |  |
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| **Name** | **Title and organisation** | **Signature** |
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**Core Group 5**

**Date:**

**Attendance:**

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| **Name** | **Title and organisation** | **Attended** | **Apologies** |
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**PROGRESS**

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**Core Group Discussion**

**Parent's/Child's feelings**

|  |  |
| --- | --- |
| Child |  |
| Parent |  |
| Family |  |

**Signatures (to confirm notes of this Core Group)**

|  |  |  |
| --- | --- | --- |
| **Name** | **Title and organisation** | **Signature** |
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**Social Work Report (to be completed by case holding SW for RCPC)**

**Chronology of Significant events since the last CP Conference:**

**Social Work Analysis of the progress achieved since last conference:**

**Contingency Plan**

Should the Child Protection Plan not be progressed or should the children's circumstances change, we need to reconvene a Core Group meeting and consider seeking legal advice about further action.

**Child's feelings about the progress made (Child to complete this section for RCPC)**

**Parental feelings about the progress made (Parents to complete this section for RCPC)**

**Family feelings about the progress made (Core Family members to complete this section for RCPC)**

**Signatures**

Child/young person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child/young person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Leader/Service Leader

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_