##

## **4.10 Agency Report for Conference**

**Multi-Agency Child Protection Conference Report**

The Multi-agency Child Protection Conference Report Template should be completed by all professionals to provide information to the conference; **it is an expectation that all agencies will provide a written report for the conference.**

**Please complete all sections of the report including the chronology.**

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| **FAMILY NAME**  |  |
| **Date of Conference**  |  |
| **NAME OF AGENCY**  |  |
| **Professional’s Name**  |  |
| **Professional’s Role / Job Title**  |  |
| **Professional’s contact telephone number**  |  |
| **Professional’s email address**  |  |
| **Name of Line Manager**  |  |
| **Line Manager’s email address**  |  |
| **Please note it is an expectation reports are shared with parents and where appropriate with child/ young person by your agency.** **Has this report been shared with parents?****Has this report been shared with child/ young person?****If No please explain why not** | YES/ NO YES / NO  |
| **If yes, please state what date report was shared and how e.g. by email, over phone, by post.** |  |
| **Date report submitted to CPC service**Please note reports should be submitted 48 hours before an initial conference and 5 working days in advance of a review.  |  |
| **Will you be attending?** **If NO who will be attending on your behalf?**  | YES/NO |

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| **FAMILY INFORMATION: Names of Children/Young People to be discussed at conference** |
| **Child / Young Person name** | **Date of birth** | **NHS Number (if known)** | **Ethnicity** | **Disability / Special Need** |
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| **PARENT/CARERS/SIGNIFICANT FAMILY and other HOUSEHOLD members** |
| **Name of adult** | **Date of birth** | **Relationship to Child / Young Person** | **Parental****Responsibility** | **Ethnicity** | **Disability / Special Need** |
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**PLEASE COMPLETE CHRONOLOGY at end of this DOCUMENT**

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| **Brief overview of your agency involvement with the child (ren) young person & family** * Please include length and reason for involvement
* Attendance & engagement (including what the service has done to support engagement)

For **Review Conferences** please include an update on the progress of the plan  |  |
| **Observations and/or voice of the child (ren) / young person*** Include any direct work undertaken with the child/children if appropriate
* If not appropriate, please indicate why not
 |  |
| **What are we worried about?** * Evidence of actual harm to the child(ren) / young person (be specific, what have you seen, heard or noticed that has made you worried)
* What factors you consider pose risk of significant harm or increase the risk of harm to the child (ren) / young person
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| **Complicating factors*** What is making this problem harder for the family to deal with?
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| **What is working well?****Existing safety:*** Are there any adults or plans already in place that help us to worry less?

**Existing Strengths:** * What is being done to address the worry/ies?
* What is happening for the child/ young person or family that is positive / going well?
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| **What needs to happen? (Safety goals)** * What would you need to see which would tell you things were improving for the child(ren)/ young person?
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| **NEXT STEPS** * What will your agency do to help the family meet the safety goals?
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| **Based on the information available to you, do you consider threshold for Child Protection is met?****Please provide your reasons** | **YES/ NO**  |

| **CHRONOLOGY OF SIGNIFICANT EVENTS** |
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If the report is for **a Review Conference**, please only include new information since the previous Child Protection Conference.

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| **Date** | **Significant Event** |
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**CONFIDENTIALITY STATEMENT:**

The matters raised in this report are confidential to members of this Conference and the agencies that they represent. It should only be shared with others for the purpose of promoting the safeguarding and welfare of the child/children concerned. All reports provided to Conference will be distributed on the strict understanding that they will be kept confidential and in a secure place.

**INFORMATION SHARING AND DATA PROTECTION**

Should there be a need to share any of the information included in this report with other professionals who are involved with the family but are/were not present at conference, or for managerial or supervisory purposes, this is acceptable.

**EQUAL OPPORTUNITIES STATEMENT:**

KSCMP are committed to ensuring that current and potential service users are treated with dignity and respect and will not be discriminated against on the grounds of their social circumstances or background such as; gender, race, colour, ethnic origin, religion or belief, disability, gender identity, sexual orientation or age.