**Graphical user interface, text, application

Description automatically generated**

**Multi-Agency Child Protection Conference Report**

**Initial Child Protection Conference/Review Child Protection Conference**Please delete as appropriate

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| **Date of Conference** |  |

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| **Name & Address of Agency** |  |
| **Name of worker writing report** |  |
| **Secure email address** |  |
| **Job title/role** |  |
| **Team Manager Name** |  |
| **Team Manager Email address** |  |
| **Date report written** |  |

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| **Are you planning to attend the Child Protection Conference** | Yes / No |
| **Name and email address of representative attending if not yourself** |  |

**Family Details**

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| **Child(ren)’s Name** | **Date of Birth** | **Address** |
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| **Parents’/Carers’ names** | **Date of Birth** | **Address** |
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**In order to ensure that the child(ren) and their family are fully supported to actively participate in the Child Protection Conference, it is important that the following points are addressed –**

* All sections of the report are completed in full using language the family will understand.
* Report focuses on the **impact** on the child(ren) and what they or their behaviour has told us.

**This report is to be shared and discussed by your agency with the Child(ren)/Young People (in an age-appropriate way) and all Parents/Carers and a copy of the report is sent to the Child Protection Chair - The timescales for this are at least 2 working days prior to an Initial Conference and 3 working days prior to a Review conference.**

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| **Overview of your agency’s involvement with child/family.** |
| In a couple of paragraphs please consider the following;   * Type of service offered by your agency (brief overview) * First time the family became known to your service. * Why are you involved with the family currently? |
| **What are we worried about now?** |
| * **Past Harm** (Information about past harm/danger that has occurred for the child, their siblings or their parents/carers which could increase the risk of harm currently). * **Current Harm and Impact** (The Risks that are harmful or pose a risk of significant harm to the child currently). * **Complicating factors** (Things that make life more difficult or complicated **ie. adult behaviours, special needs, diversity, language differences etc…** |
| **What is the impact on the child if the risks are not reduced?** |
| * What do you believe will be the likely outcome for the child(ren) if their current situation continues? |
| **What is working well for the child that reduces the risks and increases the child’s safety and resilience?** |
| * Identify family strengths and safe behaviours (Include strengths within the wider family network which increases safety). |

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| **Within your own agency’s provision,** for each of the risks identified, briefly describe what you would expect to see when a child is safe and not at risk of harm and the identified action that your agency can offer. | | | | |
| **What is the risk or need?** | **How will we know when the risk or need has been addressed/met?** | **What action or support can be provided from your agency?** | **Timescales (start)** | **Timescales (Review)** |
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| **Child(ren)’s views on their situation and on the report.**  (Please ensure you have the child(ren)’s permission to share their views with parents/carers and with conference members). | |
| What has the child shared with you they are worried about?  What do they say has been working well?  What do they say they would like to happen? | |
| Date report shared with child (10+) |  |
| **Parents’/carers’ views** | |
| Views on the support you have provided and whether they think this has helped their child.  Parent’s/carer’s view of the information contained within this report. | |
| Date report shared with parents/carers |  |

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| **Proposed recommendation (Please refer to email provided regarding threshold and/or NSCP website for guidance):**  Please consider for each child/young person whether the threshold for a Child Protection Plan is met and why.  **Scaling question**  **On a scale of 0 to 10 where 10 is that the child is safe and their needs are being met, and 0 is that this child is at risk of significant ongoing harm and/or their needs are not met, how would you rate the current situation?** | | | | | |
| **Name of child/ren** | **Scale** | **CP** | **Category** | **CIN** | **NFA** |
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| **Reasons** | | | | | |

**Signature:**

**Date:**

**Print Name:**

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| **Please send the completed form to the Independent Reviewing Service -**    Send by email: **cs.bsupport.bowthorpe@norfolk.gov.uk**  **Please remember to send a copy of the report to the Chair of the conference least 2 working days prior to an Initial Conference and 3 working days prior to a Review Conference.** |