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**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?
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| **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.** |