**Graphical user interface, text, application

Description automatically generated**

**Agency Child Protection Conference Report with Chronology**

**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 presentation 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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| **Chronology – the child(ren)’s lived experience \***Please refer to chronology guidance notes before completing | | | | | | |
| **Date period of chronology: \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_**   * For ICPC the chronology should contain details of **Significant Events for the child/ren** **in the last 2 years\*\*.** Inc. all allocated SW episodes with start/end dates, including whether EH/FS/CIN/CP; major life events for child, including births, deaths, significant transitions, i.e. unplanned house moves, serious illness, separations, such as parent/carers separating. * **\*\*** Where there have been Care Proceedings for the child or older siblings, and/or legal proceedings in respect of Education attendance, the dates, and outcomes of each set of proceedings must be included irrespective of timeline. * Education attendance entries should be summarised half termly. * Health workers: please see detailed guidance note   **Where child becomes subject of a CP plan, the chronology timeline should cover the full time period between conferences, i.e. 3 months or 6 months**. | | | | | | |
| **Date / time of event:** | **Source of Information:**  Where information originated from e.g. a worker, the child, parent, friend, or relative | **Significant event**  **Brief** description of event. Language **must** be clear and concise | **Impact for child:**  **RED** = safeguarding event and/or cumulative negative, harmful events/outcome.  **AMBER** = significant life events.  **GREEN** = positive events / outcomes | **Action taken/Actual** **outcome**:  Very short statement of action. E.G. Increased home visits / S47 Strategy Meeting & ICPC held / Parent responded immediately, took child to A&E  *Narrative* ***must*** *be in the child’s agency record or clinical notes* | **Name, title, agency of practitioner who provided the information**  [Mandatory completion] | **Overall impact for child:**  **RED** = confirmed negative, harmful outcomes.  **AMBER** = some continuing risk OR improving/positive outcome, further change needed  **GREEN** = confirmed positive outcomes – parenting strengths utilised, child experiences safe care |
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| **What does this lived experience mean for the child(ren)?** (Analysis Summary) |
| * 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 increase safety). * What are you worried about in the child(ren)’s life that may lead to / results in risk and harm for them? (Confirm if long term issue or recent event) * What do you believe will be the likely outcome for the child(ren) if their current situation continues? |

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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, including the Chronology, to the Chair of the conference least 2 working days prior to an Initial Conference and 3 working days prior to a Review Conference.** |