Multi-Agency Child Protection Conference Report

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| **Agency’s Name** |  | **Professional’s Role / Job Title** |  |
| **Professional’s Name** |  | **Professional’s e-mail address** |  |
| **Professional’s Address** |  | **Professional’s Contact Number** |  |
| **Date of Conference** |  |  |  |

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| **Child(ren)’s Details** | | | | | | | |
| **Forename** | **Surname** | **DOB** | **Address** | **Ethnicity** | **Disability or**  **Special Need** | **School or Nursery** | |
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| **Details of Parents, Carers or Significant Family or Household Members** | | | | | | | |
| **Forename** | **Surname** | **DOB** | **Address** | **Ethnicity** | **Disability or**  **Special Need** | **Relationship To Child** | **Parental Responsibility?** |
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| **Overview of your agency’s involvement**  **with child/family**  **Include factors relevant to your service**  **such as:**   * *type of service*   *whether service is well used*   * *Services or care provided* * *Difficulties* * *Progress to date* * *How long have you been involved*   *Any actions not completed* |  |
| **What are we worried about?**  *Include what factors you consider to pose risk*  *of significant harm or increase the risk of harm*  *to the child/children?* |  |
| **Historical Concerns?**  Information about previous concerns or factors from the parent’s own childhoods which could increase the risk. |  |
| **What’s working well?**  **Safety Factors** *which you believe reduce the*  *risks of harm to the child/children or help to*  *ensure safety. Features of family life and*  *parenting that have a positive effect on the*  *children’s lives.* |  |
| **What would reduce our concerns?**  What do you believe will make this child  or children safe?  Professional input  Family input |  |
| **Grey Areas**  *This should incorporate any areas that are*  *unclear or which the family do not accept or*  *which increase the risk at a particular time.* |  |
| **What do you believe to be the likely outcome**  **for the child(ren) if their current situation**  **continues?** |  |
| **What areas of risk or concern can your agency**  **help the parents/carers to resolve?**  *Briefly describe what contribution your service*  *can make to the child(ren)’s plan*  *.* |  |

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| **Author’s Name** |  | | **Designation** |  | |
| **Signature** |  | | **Date** |  | |
| **Manager’s Name** |  | | **Designation** |  | |
| **Signature if appropriate** |  | | **Date** |  | |
| **Has this report been shared with parents/carers?** | |  | **Has this report been shared with the child(ren)/young person?** | |  |
| **If yes, date: If not, state reason why** | |  | **If yes, date: If not, state reason why** | |  |

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| **What are the views of the parents/carers**  **and/or the child(ren)/young person on**  **this report?** |  |
| **For review meetings, what difference do the**  **child and parents think the plan has made**  **to their lives and the difficulties they were**  **facing.** |  |

The template for this report can be found on www.escb.co.uk