 **PARTNER AGENCY CHILD PROTECTION CONFERENCE REPORT** 

|  |
| --- |
| **PROFESSIONALS DETAILS** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency’s Name** |  | **Professional’s Role/Job Title** |  |
| **Professionals Name** |  | **Professional’s Email address** |  |
| **Professional’s Address** |  | **Professional’s Contact Number** |  |
| **Date of Conference** |  | **Will you be attending? Y/N** |  |

|  |
| --- |
| **CHILD(REN)’S DETAILS** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First name** | **Surname** | **DOB** | **Address** | **School/ Nursery** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **DETAILS OF PARENTS, CARERS OR SIGNIFICANT FAMILY OR HOUSEHOLD MEMBERS** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First name** | **Surname** | **DOB** | **Address** | **Relationship to child** | **Do they have Parental Responsibility?** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **CHRONOLOGY OF YOUR AGENCY’S SIGNIFICANT EVENTS WITH CHILD/FAMILY** |

|  |  |
| --- | --- |
| **DATE** | **EVENT(s) and Impact on the Child(ren).** |
|  |  |

|  |
| --- |
| **VOICE OF THE CHILD - WHAT IS THE CHILD SAYING?** |

|  |  |
| --- | --- |
| **We want to understand what the day-to-day life is like for this child(ren) what are they saying they have they experienced? How do they feel? What would they like to happen? What observations of their behaviour and interactions with others have you seen?** |  |

|  |
| --- |
| **WHAT ARE THE VIEWS OF THE PARENTS/CARERS?** |

|  |  |
| --- | --- |
| **When you have spoken with the parents / carers about your worries and what is going well. What have they said?**  **What support would they find useful from you, or other professionals involved?** |  |

|  |
| --- |
| **WHAT ARE THE WORRIES?** |

|  |
| --- |
| **Past concerns and current risks and how does this impact on the child(ren)?** |
|  |

|  |
| --- |
| **WHAT IS WORKING WELL? (Safety and protective factors)** |

|  |
| --- |
| **What is reducing the risks of harm to the child/children or features of family life that have a positive effect on the children’s lives?** |
|  |
| **What changes would you need to see in the family to assure you that the worries and the impact of harm to the child(ren) is sufficiently reduced?** |
|  |

|  |
| --- |
| **WHAT’S YOUR OFFER FOR THE FAMILY? What areas of worry or concern can your agency help the parents/carers to resolve?** |

|  |
| --- |
| **Please share what offer you and your service can make to the child(ren)’s plan, what can you offer this family, who you could work with, frequency and purpose of the work / support.**Where possible please speak with the family before the conference and consider with them what support would be helpful to them.  **This can be shared in the conference and if agreed, would become a next step within the child protection plan.** |
|  |

|  |
| --- |
| **RECOMMENDATION to the Conference from your involvement what Plan is needed CP or CIN?** |

|  |  |
| --- | --- |
| **Threshold for a Child Protection Plan to be made is**: has the child(ren) suffered significant harm? Is the child likely to suffer significant harm? **Please include your reasons.** |  |
| **Categories of Harm**  Please state the category of harm that you believe encompasses the risks causing significant harm (Physical Abuse, Sexual Abuse, Emotional Abuse). |  |

|  |  |  |
| --- | --- | --- |
| **Name** | **Signed** | **Date** |
|  |  |  |