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 inputFamily 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