# Child Agency Report for Child Protection Conference

To be completed by agencies who have direct contact with the child(ren) or the main focus of the work is to improve outcomes for the child(ren)

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| **Date of Conference** |  |
| **Type of Conference** | Initial/Review |
| **Family Surname** |  |
| **Date Report Completed** |  |

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| **Agency Name** |  |
| **Professional’s Name** |  |
| **Role/Job Title** |  |
| **Address** |  |
| **Phone Number** |  |
| **Email address** |  |

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| **Date this report was shared and discussed with the family:** |
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| **If not shared, please state why not:** |
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| **What was the parent’s and child’s (if appropriate) feedback to you on the information contained in this report?** |
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Please write the report based on your professional knowledge and understanding of the child and family. You must ensure all the relevant information from your agency or specialism is included.

**Once completed please email to ??**

**Reports must be submitted two days prior to an Initial Child Protection Conference and five days prior to a Review Child Protection Conference**

## Family Information

**Details of Children**

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| --- | --- | --- | --- | --- |
| **Children’s Name**  | **Gender** | **DOB** | **Is your agency working with this child?** | **Date you last saw/had contact with this child?** |
|  |  |  | Y/N |  |
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**Details of Parents, Carers, Significant Family Members, other Household Members**

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| --- | --- | --- | --- | --- |
| **Name**  | **DOB** | **Relationship to children** | **Is your agency working with this family member?** | **Date you last saw/had contact with this family member?** |
|  |  |  | Y/N |  |
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| **If attending a Review Child Protection Conference, please provide an update from actions assigned to you/your agency at the previous meeting** |
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## Involvement Overview

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| **Overview of your agency’s involvement with the child(ren):**  |
| Provide details of the service being offered, length of your involvement, desired outcomes from your intervention, progress to date, and any other relevant information. |
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| **Please comment on attendance/engagement with your service** |
| Provide details of appointments offered, un/attended, cancelled etc, general communication and information sharing between the child/family and your service,  |
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## Strengths and Safety

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| **What is working well for this child(ren)?**  |
| Provide information of strengths, resilience, protective factors that have a positive effect on the child(ren)’s lives, actions taken by the family/parents which promote safety |
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## Risks and Complicating Factors

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| **What are you worried about for this child(ren)?** |
| Provide details of any current concerns for the child, harm they are experiencing and impact of this in their short and long term development, observation or disclosures of the child(ren)’s day to day experiences, historic context which is relevant to your current worries |
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| **Other issues which may impact on the child(ren)’s safety?**  |
| Provide information about wider factors which may impact on achieving safety for this child(ren) or make reducing harm more difficult; this includes complicating factors or other things which are still unclear at time of conference |
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## Anti-Racist Practice, Equality and Diversity

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| **Consideration of any needs arising from issues of race, ethnicity, culture, religion, gender, sexual identity etc?**  |
| How do [Social GRACES](https://www.basw.co.uk/media/news/2020/jul/social-graces-practical-tool-address-inequality) influence your approach to working with the family/child, and impact their day to day experiences? |
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## Risk Reduction and Actions

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| **What would reduce your worries for this child(ren)?** |
| What would day to day life look like for this child(ren) for you to feel assured that they are not or likely to suffer significant harm? |
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| **What can your service do to reduce harm to this child(ren)?**  |
| What actions can you service take to improve the day to day experience of this child(ren)? |
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**ALL AGENCIES ARE EXPECTED TO ATTEND THE CONFERENCE IN FULL. IF YOU CAN NOT ATTEND YOU MUST SEND A REPRESENTATIVE**