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| **Partnership Agency Report to Child Protection Conference** |
| **Agency’s Name** |  | **Professional’s Address**  |  |
| **Professional’s Name**  |  | **Date of conference**  |  |
| **Professional’s Role / Job Title** |  |  |  |
| **Child(ren)’s Details**  |
| **Forename**  | **Surname**  | **DOB/ EDD** | **Address** | **Ethnicity**  | **Disability or Special Need** | **School or Early Years Setting** | **NHS Number\*** |
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| **\*** For health colleagues. Please provide mum’s NHS number for unborn children  |
| **Details of Parents, Carers and Significant Family or Household Members** |
| **Forename** | **Surname** | **DOB** | **Address** | **Ethnicity** | **Disability or Special Need** | **Relationship to Child(ren)\*** | **Parental Responsibility**  |
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| **\*** Include caring responsibilities and time spent with the child(ren) |
| **Overview of your agency’s involvement with child(ren)/family****Include factors relevant to your service such as:** *Type of service and whether this service is well used** *Services or care provided*
* *Difficulties*
* *Progress to date - have you offered Early Help support previously?*
* *How long have you been involved*
* *Actions that have been completed*
* *Any actions that you are working towards*
* *Any actions that are needed*
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| **What are we concerned about?** *Include the factors that you consider to pose risk of significant harm or increase the risk of harm to the child(ren).*  |  |
| **Historical Concerns** *Include previous concerns about the child(ren) or factors from the parents’/ carers’ own childhoods that could lead to an increased risk of significant harm.*  |  |
| **What is the impact of these concerns on the daily lived experience of the child?***Include what the child(ren) directly tells you and your observations of pre- or non-verbal children and unborn babies.* |  |
| **What is working well?** *What is happening within the family that is working well and helping keep the child(ren) safe?**Include wider family/ friend connections and trusted relationships.*  |  |
| **What are the complicating factors?***Include:** *Situations that are unclear*
* *Areas that the family may not agree with.*
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| **What could reduce our concerns?** *What actions do you believe are needed to make this child(ren) safe?* |  |
| **What practical support can your agency give reduce our concerns?** *Briefly describe the contribution your service can make to the child(ren)’s plan.* |  |
| **What outcome is a possibility if the situation stays as it is?** *Describe possible outcomes if changes are not made and the contingency plan to manage these.* |  |

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