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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* | | | | | | |  | | | | | | | | |
| **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.* | | | | | | |  | | | | | | | | |
| **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)** | |  |