

**Agency Report for Child Protection Conference**

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| Date of Child Protection Conference: |  |
| Name of Professional: |  |
| Designation: |  |
| Organisation: |  |
| Address, Telephone No. or Email: |  |

**Family Details**

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| Name of Child (ren) | DOB | NHS Number | Legal Status |
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| Home address: |  |

**Household Composition**

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| Name | DOB | Relationship to child(ren) | Address |
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**Other Significant Adults/Carers**

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| Name | DOB | Relationship to child(ren) | Address |
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**Chronology of Significant Events**

| **Date** |  **Event** |
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**Child/Young Person**

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| **Health and Development (To include emotional health and behaviour):** |
| **Education:** |

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| **Identity/ Relationships:** |
| **Childs Wishes and Views or Observations:** |

**Parenting**

**Strengths/Needs/Risks**

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| **Basic Care:** |
| **Emotional Warmth:** |
| **Guidance and Boundaries including Stability and Consistency:** |
| **Impact of Drug/Alcohol/Mental Health/Domestic Abuse/Learning Needs:** |

**Environment**

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| **Physical Environment (To include housing/finance and employment/sleeping arrangements/safety):** |
|  **Support (To include Role of extended family/support networks and community resources):** |

**Risk Assessment**

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| **Assessment (To include strengths/needs/risks and impact on outcomes for child (ren):** |
| **Recommendation on whether a child protection plan should be implemented** |
| **Actions to be taken specific to your agency/role** |