

**Agency Report for Child Protection Conference**

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

**Family Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Child (ren) | DOB | NHS Number | Legal Status |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Home address: |  |

**Household Composition**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | DOB | Relationship to child(ren) | Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Other Significant Adults/Carers**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | DOB | Relationship to child(ren) | Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Chronology of Significant Events**

| **Date** | **Event** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Child/Young Person**

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

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

**Parenting**

**Strengths/Needs/Risks**

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

**Environment**

|  |
| --- |
| **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**

|  |
| --- |
| **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** |