**Initial / Review Child Protection Conference – Agency Report**

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| **Details** | | | |
| **Name of child/ren (DOB)** |  | | |
| **Conference Date/ Time** |  |  |  |
| **Professional Name** |  | **Professional Role** |  |

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| **Family and Support Network (update genogram)** | | | |
| **Name** | **Relationship to child** | **Support Factors** | **Harm Factors** |
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| **Overview of agency involvement** |  |
| **What is life like for this child**  **(Child/ren’s Views)** |  |
| **Understanding of the concerns**  **(Parent’s Views)** |  |

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| **Strengths**  **What works well** | **Harm /Concerns**  **Think about impact on the child/ren** | **Unknown Harm/concerns**  **What do we not know?** | **What needs to change**  **How do we reduce the harm?** | **Contingency Plan/ Plan B** |
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