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| **Agency** |  | **Name** |  |
| **Job Title** |  | **Contact Details** |  |
| **Date of Conference** |  | **Will you be attending? Y/N (If not, who will be attending on your behalf)** |  |

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| **Date report shared with parent(s):** |  |
| **Date report shared with the young person(s):** |  |
| **If not shared; please state, why not:** |  |

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| **Family composition and details Include all those living in the family home** | | | |
| **Child's name** | **DOB** | **Gender M/F** | **Communication Needs** |
| **Siblings’ names** | **DOBs** | **Gender M/F** | **Communication Needs** |
| **Parents’/Carers’ names** | **Relationship to child** | **Parental responsibility?** | **Communication**  **Needs** |
| **Family address  (including postcode):** |  | | |
| **Phone number(s):** |  | | |

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| **Details of any significant others not living in family home** | | | |
| **Name** | **DOB** | **Relationship** | **Previously known to Children’s Services (Y/N)** |
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| **WHAT ARE WE WORRIED ABOUT?**  Current Harm  Current Risks or Concerns and how does this IMPACT upon the child(ren). |
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| **WHAT’S WORKING WELL?**  (What is working well now & what has worked well in the past)  Existing Strengths and Protective Factors |
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| **COMPLICATING FACTORS**  (What makes the family’s life and parenting experience harder?) |
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| **VIEWS OF THE CHILD/REN – DIRECT WORK WITH THE CHILDREN**  (What has the child told you about their daily lived experience?) |
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| **OBSERVATIONS OF THE CHILD/REN** |
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| **VIEWS OF THE PARENTS/NETWORK/SIGNIFICANT OTHERS** |
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| **WHAT NEEDS TO HAPPEN & NEXT STEPS**  (How can we reduce the worries and risk of harm?)  Describe precisely what outcomes you need to see to be satisfied there is sufficient safety. |
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| **VIEWS**  (Please give your view re CP Planning & Timescale for Change – Trajectory) | |
|  | |
| **Views around whether threshold has been met for a child protection plan?** |  |
| **What risk category do you consider the child(ren) are at risk of?** |  |
| **How can your service support?** |  |

**Report completed by**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Designation** |  |
| **Signature** |  | **Date** |  |