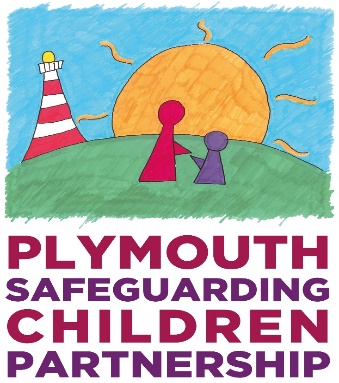
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**Professional Report - Child Protection Conference**

**Name of Child:………………………………………**

**Agency Completing Report:………………………………………….**

**Multi-Agency Guidance**

In order to ensure that the child/children and family are fully supported to engage and participate in the Child Protection Conference process, it is important that the following issues are addressed by all agencies prior to the conference;

* A Professionals Child Protection Conference Report must be completed by all professionals to provide information to the conference.
* An individual report should be completed for each child. All sections of the report should be completed in full and discussed with the child/children and parents/carers at least 2 working days before the meeting or 5 working days prior if the parent has a learning need.
* The report should be submitted to the [Safeguarding](mailto:ChildProtect@plymouth.gov.uk) Service at least 2 working days prior to the conference by secure email to ChildProtect@plymouth.gov.uk.
* Please ensure that any additional or specific support needs are addressed to aid the families understanding of the report, including (but not restricted to) the need for the report to be translated and/or an interpreter / advocate to discuss the report with the family.
* Report packs containing all professional reports with the exception of the police report will be made available 24 hours prior to the meeting via email. If you have not provided a report, 48 hours before the meeting, you will be expected to bring copies to share with those in attendance and will be responsible for disposing of these copies afterwards.
* During the meeting you will be expected to contribute to discussions detailing the risks and the strengths for the child/ren as well as how you or your agency can contribute to the safety planning for that child/ren.
* You should distinguish between fact and opinion.
* **You should NOT include any restricted information in this report. Should you have sensitive/confidential information that you wish to share this needs to be done separately with the Child Protection Chair prior to the meeting.**

**IF THE REPORT IS FOR A REVIEW, PLEASE ONLY INCLUDE UPDATED INFORMATION SINCE THE PREVIOUS CHILD PROTECTION CONFERENCE.**

|  |  |  |
| --- | --- | --- |
| Date of meeting: | |  |
| Agency: | |  |
| Type of Meeting – Initial or Review | |  |
| Name of person completing this form: | |  |
| Role: | |  |
| Workplace: | |  |
| Email Address: |  | |

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| **Details of the child/children or young people** | | |
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| Name: | D.O.B: | NHS or other ID Number |
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| **Family Member’s Details:** | | |
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| Name: | Relationship: | Household member Y/N |
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| **1. Please provide a summary of your agency’s involvement with the child/young person and family.** |
| *Who have you consulted with in preparation for this meeting? How long have you been involved? How frequently do you see the child/young person and family? What has happened since the last meeting and what progress has been made (if review)?* |
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| **2. What Are You Worried About?** |
| *What are the past and current risks for the child? What is placing the child at risk of immediate and significant harm? What has the child experienced? What evidence is there that means the child is being ill-treated or their health and development is being impaired?* ***What is the impact on the child?*** |
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| **3. What is Going Well?** |
| *What is currently in place and that has been shown, over time, to directly address and reduce risk for the child? What positive attributes and resources within the family is there that, over time, could be built on to provide a safer environment, e.g. a family member looking after children or a parent ceasing certain behaviour.* ***What is the impact on the child?*** |
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| **4. What is your understanding about the views, wishes and feelings of the child/young person?** |
| *What is your understanding of the child or young person’s views obtained within your setting and also in relation to the current issues of concern, if known? This should also make reference to observations of younger children or any direct consultation.* |
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| **5. What specific support do you think that your agency can provide to the child/young person or the family?** |
| *Please be as specific as possible.* |
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| **6. What do you think needs to happen for the things you are worried about to change?** |
| *Please be as specific as possible.* |
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| **7. Is there any further information you feel that it is relevant to share with the meeting today?** |
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| **8. Is there anything you don’t know enough detail about? What other information do you need?** |
| *If you are unsure please feel free to contact the Conference Chair for a conversation.* |
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| **9. This report must be shared with the parents / carer / young person at least 2 days before the conference.** | |
| **Date report shared:** |  |
| *Please include any comments / feedback from the parents after you have shared the report.* | |
|  | |
| **If not shared please give details of why this has not happened.** | |
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| **10. If you are not attending this (Initial) Child Protection Conference can you please indicate if you feel that a child protection plan is needed for this child(ren).** |
| *Please note - this is only an indication and the decision regarding the need for a child protection plan will be made after the parents and professionals have shared information and discussed the strengths and risks in the meeting.* |
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| **Signature:** | | | **Please insert e-signature here** |
|  | | | |
| **Name:** | |  | |
|  | | | |
| **Date:** |  | | |

**INFORMATION SHARING AND DATA PROTECTION**

The matters raised in this report are confidential to members of this conference and the agencies that they represent, and should only be shared where relevant and necessary for the purpose of promoting the safeguarding and welfare of the children concerned. All reports provided to Conference will be distributed on the strict understanding that they will be kept confidential and in a secure place.

If information needs to be shared with third parties then advice should be sought from the Conference Chair in the first instance.

**SIGNIFICANT EVENT CHRONOLOGY**

**[Please use table below or insert your own chronology]**

**Date** - the date the episode/event is said to have taken place (not the date of recording).

**Name** - of the individual involved in the episode e.g. the child or care giver.

**Source** - the agency or individual sharing the information.

**Episode/Event** - the significant piece of information e.g. police log of reported incidence of domestic violence; report from school that child arrives from home hungry, unkempt and tired; missed medical appointments; allegations of NAI; anonymous referral regarding child left unsupervised; Section 47 enquiry etc.

**Comment** - Basic info to add to the above. That is, the comment should inform the reader of any action taken in response to the event or episode.

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| --- | --- | --- | --- | --- |
| **DATE** | **NAME** | **SOURCE** | **EPISODE/EVENT** | **COMMENTS** |
|  |  |  |  |  |