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| **Multi-Agency Professionals’ Report to Child Protection Conference** | |
| **Agency:** | Click here to enter text. |
| **Professionals’ Name:** | Click here to enter text. |
| **Role:** | Click here to enter text. |
| **Email:** | Click here to enter text. |
| **Date of Conference:** | Select the date |
| **Date report shared with family:**  **If not, reason why:** | Click here to enter text. |
| **It is an expectation that you will attend the child protection conference. If you are unable to do so, please indicate who will be attending and confirm that they will have knowledge of the family:**  Click here to enter text. | |

**Multi-Agency Professionals Report Template to Child Protection Conferences**

This report is for professionals attending Initial Child Protection Conference (ICPC )& Review Child Protection Conferences (RCPC), to provide relevant information about the children and the young people they are working with. Please write the report based on***your*** professional knowledge and understanding of the child/ren and family. You only need to complete one report for all the relevant family members that you are working with.

It is essential that you share this report with the family prior to the conference, so that there are no surprises for them. Your report must also be shared with the conference Chair in advance of the conference. **Reports need to be shared two working days in advance of an ICPC and five working days for an RCPC.**

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| **Child/ren’s name/s:**  Click here to enter text. | **DOB or EDD**  Click here to enter text. |
| **Parents’ names:**  Click here to enter text. | |
| **Network**  *Who does the child say is the most important person in their life?*    Click here to enter text.  *Who do the parents say are the people around them that help and support them?*  ***These are the people who will form the network***  Click here to enter text.  *Who are the most important professionals involved with the child and family?*  Click here to enter text. | |

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| **Summary of your agency’s involvement with this child and family**  *What has your agency offered to the family and what difference has that made? Has there been any multi-agency support (e.g. Early Help assessment) offered to the family? What difference did that make? If necessary, attach a chronology of* ***significant*** *events.*  Click here to enter text. |
| **What is working well?**  *What are the existing strengths in the family, and what existing safety factors are present that provide safety for the child/ren?*  Click here to enter text. |
| **What are you worried about?**  *Include any relevant information about the harm the child/ren has experienced, what you are worried about might happen if nothing changes and any complicating factors that make the situation more difficult to deal with.*  Click here to enter text. |
| **What is the child/ren’s wishes and feelings? How do you know? What do they think needs to happen?**  **What do they want to change?**  [***CSCP guidance to ensure voice of the child is heard***](http://cumbrialscb.proceduresonline.com/chapters/p_voice_child.html)  Click here to enter text. |
| **What do the family think needs to happen and to change to make sure the child/ren are safe?**  Click here to enter text. |
| **What do you think needs to happen to keep the children safe?**  *What do you need to see to be satisfied that the child/ren is safe from future harm?*  Click here to enter text. |
| **What help will your agency provide to support the family to make these changes?**  *This will form part of the Safety Plan for the child/ren*  Click here to enter text. |