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| This report template is to be used by all agencies presenting at a Child Protection Conference in HertfordshirePlease advise the Chair in advance if there is any information in this report that should not be shared with certain members at conference  |  |

**Hertfordshire Multi-agency Child Protection Conference Report**

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| **AGENCY NAME** |  | **FAMILY NAME/S**  |  |

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| **Professional’s Name(s)** |  | **Date of Report**  |  | **Initial/Review/Transfer in/Pre-birth** |  |
| **Professional’s Role** |  | **Contact details** |  |
| **Date of Conference** |  | **Venue** |  |

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| **Forename**  | **Surname** | **Date of Birth** | **Ethnicity** | **Disability or****Special Need** | **School / Other Setting** |
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**Household Composition and Relevant Family Members**

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| **Full Name** | **Role/Relationship**  | **Other Details** |
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**Wider Support Network**

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| **Full Name** | **Role/Relationship**  | **Other Details** |
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| **What is your involvement/work with this child and family?*****Please include:****How long have you been working with this family?**What work are you doing, have you any other work planned, and what is/has the response of the child and family been to that work ?**When was the last contact?**How often are you seeing the child or family?****Please include ongoing health issues and unmet health needs*** |  |
| **What is progressing well/normally for this child?** *Summarise BRIEFLY*  |  |
| **What are you worried about with regard to this child?*****Please include:*** ***Past Harm -*** *what has happened that worries you about these child/ren or other child/ren in the care of the adults/carers****Present and Future Harm*** *- what are we worried might happen to the child/ren in the care of the adults/carers**What is the Impact on the Child(ren)* |  |
| **Voice of the Child***Including what is said and what is observed.* *What is the child’s lived experience?**Consider Parent/carer and child interactions.*  |  |

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| **Impact of Family and wider influences.** |
| **Strengths and Safety, What is Working well?*****Please include:****Strengths and safety features of family life and parenting that either have a positive effect on the child/ren’s lives or you believe reduces the risk of harm and therefore makes you less worried.*  |  |
| **Grey Areas or Complicating Factors*****Please include:****Any areas that are unclear may be of potential concern, and what you consider is not known or needs to be known to be able to keep the child/ren safe. This could include un-evidenced concerns or areas of disagreement.****Complicating Factors****What makes safeguarding the child and working with the family more difficult. Are there times when the risk increases?* |  |
| **Voice of parents/ Carers***What are the parent /carer views?* *Do they have insight into professional concerns?* *Is there meaningful engagement and is there motivation to change?* |  |

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| View of practitioner/worker  |
| **Do you think that the child/ren is/are suffering significant harm?****Why?** *What is your evidence?* | **Yes**  | **No**  |
| **What do you think needs to change to prevent significant harm?** |  |
| **What support can you or your agency provide to help prevent ongoing harm to the child/ren?** |  |

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| **Has this report been shared with parents/carers?***Reports should always be shared with parents/carers prior to conference where at all possible.* | **Yes/No/Proposed** | ***If not, please state reason***  |
| **Has this report been shared with the child/ren?***Reports should always be shared with children where this is appropriate prior to conference where at all possible.* | **Yes/No/Proposed** | ***If not, please state reason***  |

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| **What are the views of the parents/ carers and/or the child/ren on this report?** |  |
| **For review conferences, what difference do you the think the plan has made to the lives of the child/ren and the concerns identified?** |  |

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| **Authors Name**  | **Designation**  | **Date**  |
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**PLEASE RETURN YOUR REPORTS TO THE FOLLOWING EMAIL ADDRESS:**

Childprotection.unit@hertfordshire.gov.uk