**Agency Report for Child Protection Conference**

**This template is for guidance; please complete as fully and legibly as possible. When completing this form please refer to the West Midlands Inter-agency Child Protection Procedures located at:** <http://westmidlands.procedures.org.uk/>

<http://westmidlands.procedures.org.uk/ykpqs/statutory-child-protection-procedures/child-protection-conferences>

|  |  |
| --- | --- |
| **Date of conference** |  |

|  |
| --- |
| **AGENCY DETAILS** |
| **Agency** |  |
| **Your name** |  |
| **Job title** |  |
| **Contact details (inc email address)** |  |

**Are you attending conference? YES / NO**

**If ‘NO’ name of person who will be attending in your place:**

|  |
| --- |
| **FAMILY DETAILS** |
| **Name of child** | **Date of birth** | **Ethnicity** | **Address** |
|  |  |  |  |
|  |
| **Does any child have a disability? If so please provide details** |  |
| **Name(s) of parent(s)** |  |
| **Name of main caregiver (if not a parent)** |  |
| **Any other people living in the same household as the children.**  |  |

|  |
| --- |
| **DETAILS OF AGENCY INVOLVEMENT** |
| **Length of involvement with the family** |  |
| **Has your agency’s report been shared with the family?** | **YES**DATE: | **NO**Please state why not: |

**Brief chronology**

Chronology summarising service provided to the family over the last 12 months (or longer where relevant). Include significant events, contacts, visits and failed appointments. (e.g. ‘X’ has 87% attendance but notable absences appear to have occurred on Fridays for the last 3 months).

You should include events that took place over 12 months ago if they are relevant to your analysis of risk and have significance for the child(ren) or family.

|  |  |  |
| --- | --- | --- |
| Date | Detail of event | How is this event significant for analysis of risk? |
|  |  |  |
|  |  |  |

|  |
| --- |
| **From your professional perspective please describe:** |
| **What are the family strengths and protective factors?** |
|  |
| **What are you concerned about? (needs and risks)** |
|  |
| **Are there any complicating factors?** Factors that may make change more difficult, such as long-standing concerns about substance misuse, or a recent bereavement **etc.** |
|  |

|  |
| --- |
| **FROM YOUR PROFESSIONAL PERSPECTIVE PLEASE DESCRIBE WHAT YOU BELIEVE NEEDS TO HAPPEN TO HELP KEEP THIS CHILD OR CHILDREN SAFE?** |
|  |

All efforts should be made by partner agencies (except Police colleagues) to share their reports with parent/s prior to the Child Protection conference taking place. The contents of this report will be shared fully with the parents/carers at conference *unless* you believe that this will place any person at risk of significant harm. In these circumstances, please contact the Child Protection and Review Unit. We have a separate report template now in place for General Practitioners across Solihull.

|  |  |
| --- | --- |
| **Name** |  |
| **Signed** |  |
| **Date** |  |

Please forward via secure email to cpru@solihull.gov.uk

Childrens Services collect and hold your information in order to understand the needs of you and your family.  We will use this information to provide the appropriate support or advice that you or your family may need.

Your information may also be shared with other council services and partner organisation to ensure our records are kept accurate and to help us identify services or benefits you may be entitled to or interested in. We may also need to share your information for the prevention and detection of fraud and / or other crimes as the law requires. For further information about how we use your information please refer to the Council's Privacy Statement on [www.solihull.gov.uk](http://www.solihull.gov.uk) or contact cpru@solihull.gov.uk