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

**West Sussex 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, including contact numbers to be called in to conference** |  |
| **Date of Conference** |  | **Venue** |  |

**Child’s Details**

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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?**Dates of core groups that you have attended.**What work are you doing/purpose of your work with the family, 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?* |  |
| **What is progressing well/normally for this child?** *Summarise BRIEFLY* **What has worked well/improved for the children since the last conference?** |  |
| **What are you worried about with regard to this child?****Has this altered since the previous conference?** ***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?* *If so, how have you seen evidence of this?**Is there meaningful engagement and is there motivation to change?**If so, how have you seen evidence of this?* |  |

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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?* |  |
| **What do you think needs to change to prevent significant harm?****Is this already on the Child Protection plan?**  |  |
| **What support can you or your agency provide to help prevent ongoing harm to the child/ren?****Would it be helpful to add this to the Child Protection Plan?**  |  |

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| **Has this report been shared with the CPA/Social worker at least 48 hours ahead of the conference?** | **Yes/No/Proposed** | ***If not, please state reason*** |
| **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 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: cputeam@westsussex.gov.uk**