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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 and conference details** **(as per invite)** |  |

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| **Professional’s Name(s)** |  | **Date of Report**  |  |  |  |
| **Professional’s Role** |  | **Contact details (email and phone)** |  |

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| **Who in the family are you working directly with?** | *Please provide full names and their relationship to the Child/ren.* |
| **What is the focus of your work?**  | *Please indicate the sector i.e. physical health, mental health, education, housing, substance misuse, exploitation, youth justice and youth services, domestic abuse, probation, other and detail the specific issue(s) and interventions you have / are offering.* |
| **What difference is the work you are doing making to the child/ren’s safety / improved outcomes and how do you know this?****How well is the family participating in the support you are offering?** | *What evidence do you have the intervention is having a positive impact?* *Please include any observations you have made of the family during your involvement considering the worries raised**Attendance with appointments,* *level of engagement with intervention(s) offered, motivation to change* |
| **What else needs to happen?**  | *Please include any action the child, parents(s) / carer(s) need to take (including additional interventions and services) to support the family* |
| **What is the impact of any issues or identified risk for the children?****Do you think the child / ren is suffering or is likely to suffer significant harm?**  | *Include voice of the child/ child’s lived experience, where appropriate.* *If for RCPC please consider any progress since ICPC**What needs to happen to reduce the risks?*  |
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| **What has the child/ren said or what do you think the child would say about their situation?** | ***If you have completed any direct work with the child or family, please feel free to attach it below******What has the child(ren) told you, since the last meeting, about their lived experience? Please be clear whether if what is reported here is what the child has actually said (using direct quotes where possible) or professional judgement (in which case please explain what this is based on).*** |
| **What actions would you consider are needed in any updated plan?** | *Please include how this will improve the child’s outcomes and how we would measure that the action has had the desired impact on the child’s lived experience* |

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| **Has this report been sent to cputeam@westsussex.gov.uk (in order for it to be shared with all relevant professionals) at least 48 hours ahead of the conference?** | **Yes/No** | ***If not, please state reason*** |
| **Has this report been shared with parents/carers?***Reports should always be shared with parents/carers prior to conference.* | **Yes/No** | ***If not, please state reason***  |
| ***Views of the parents / carers if obtained*** |
| **If the child is participating in their conference, has the above information been shared with them?** | **Yes/No** | ***If not, please state reason***  |
| ***Views of the child / ren on this report if obtained*** |