**STRICTLY CONFIDENTIAL**

(WHEN COMPLETE)

**AGENCY CHILD PROTECTION CONFERENCE**

**REPORT FORM**

**PLEASE COMPLETE ALL ASTERISKED BOXES**

**Boxes will expand on completion**

**This completed form should be returned** **securely to the Child Protection inbox**

[**barnsleysafeguardingchildrenunit@barnsley.gcsx.gov.uk**](mailto:barnsleysafeguardingchildrenunit@barnsley.gcsx.gov.uk) **or**

[**safeguardingunit@barnsley.gov.uk**](mailto:safeguardingunit@barnsley.gov.uk) **(using Egress)**

|  |  |  |
| --- | --- | --- |
| **CHILD’S/CHILDREN’S NAME(S)** | | **DATE OF BIRTH** |
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| **CONFERENCE DATE** |  | |
| **CONFERENCE TIME** |  | |
| **CONFERNECE VENUE** |  | |
|  | | |
|  | | |
| **AGENCY** |  | |
| **ROLE** |  | |
| **NAME (PRINTED)** |  | |
| **SIGNATURE** |  | |
| **DATE REPORT COMPLETED** |  | |

**Please identify the other members of the household and relevant significant persons that you know about.** (Include their names and their relationship with the child)

|  |  |  |
| --- | --- | --- |
| **NAMES OF OTHER HOUSEHOLD MEMBERS/SIGNIFICANT PERSONS** | **RELATIONSHIP** | **MEMBER OF HOUSEHOLD**  **YES/NO** |
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**Please identify the history and key events in your work with the family.**

**For an initial conference, please include a full history.**

**For a review conference, please only include events since the last conference report you submitted.**

(this could include for example; how long you have worked with the family; the reason for involvement; what work you have completed; what worked well/not so well; any failed appointments/contacts; your relationship with the family. Please ‘bullet point’ Key events)

|  |  |
| --- | --- |
| **HISTORY/CHRONOLOGY OF KEY EVENTS** | |
| \* | |
| **WHAT ARE YOU WORRIED ABOUT?** | **WHAT IS WORKING WELL?** |
| **HARM (ACTUAL)** EVIDENCE THE IMPACT ON THE CHILD | **SAFETY** (STRENGTHS, PROVEN AND TESTED TO KEEP THE CHILD SAFE OVER TIME) |
| \* | \* |
| **RISKS/DANGERS TO THE CHILD** (behaviours of the parent or child that may pose a risk) | **STRENGTHS** (positive aspects of the situation or things being done to address the worry) |
| \* | \* |
| **COMPLICATING FACTORS** (Things that are making this harder to deal with) |  |
| \* | |
| **If Neglect is a major concern:** | |
| **Has a Graded Care Profile v.2 been completed by your Agency? Yes Date: No** | |
| **Attached Yes No** | |
| **Has this been reviewed? Yes Date: No** | |

**SAFETY SCALE (YOUR JUDGEMENT)**

During the conference you will be asked to mark and score on the scale of 0 - 10, where 0 means that the child is at possible risk of immediate harm and there should be consideration of immediate action to protect the child. 10 means that the child’s needs are being met and there is no need for social care intervention. You may mark a score based on the information you currently have prior to the conference if you choose.

0 10

|  |
| --- |
| **AGENCY GOALS**  (What do you and your agency need to see to be satisfied that this child is safe in their current living circumstances and for you to increase your score on the Safety Scale? What can your agency contribute to increase the score on the Safety Scale?) |
| \* |
| **PARENTS GOALS AND VIEWS**  (Following the sharing of this report with parents/carers, what are their goals and views? Please include the date this was shared or the reason for not sharing) |
| \* |
| **CHILD/CHILDREN’S GOALS AND VIEWS**  (Include any comments made to you by the child about their goals and views) |
| \* |
|  |
|  |
| **PARENT/CARER SIGNATURE**  (Your agency may require a signed copy and if so it can be signed below – BMBC do not require the return of signed copies) |
| \* |

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**Two working days prior to the Conference**

**These timescales are to give families sufficient time to prepare for such important meetings about their family life. Please respect them by keeping to these timescales.**