**London Borough of Islington Multi-Agency Child Protection Conference Report**

**Reports must be submitted 3 working days before the conference. Please email to** **S&QA@islington.gov.uk** **or** **childprotection.socialservices@nhs.net** **(health professionals only.**

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| **Agency’s Name** |   | **Professional’s Role / Job Title** |  |
| **Professional’s Name** |  | **Professional’s e-mail address** |  |
| **Professional’s Address** |  | **Professional’s Contact Number** |  |
| **Date of Conference** |  |  |  |

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|  | **Child(ren)’s Details** |
| **Forename** | **Surname** | **DOB** | **Ethnicity** | **Disability or****Special Need** | **School or Nursery** | 1st Language |
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|  | **Details of Parents, Carers or Significant Family or Household Members** |
| **Forename** | **Surname** | **DOB** | **Ethnicity** | **Disability or****Special Need** | **Relationship to Child(ren)** | **1st** Language |
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| **Overview of your agency’s involvement****with child(ren)/family****Include factors relevant to your service such as:** *type of service**whether service is well used* *Services or care provided* *Difficulties* *Progress to date* *How long have you been involved* *Any actions not completed* |  |
| **What are you worried about?***Include what factors you consider to pose risk of significant harm or increase the risk of harm to the child/children?* |  |

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| **How is the child(ren)? Please include comments about the child(ren)’s presentation including their emotional wellbeing.** |  |
| **What’s working well?****Safety Factors** *which you believe reduce the risks of harm to the child(ren) or help to ensure safety. Features of family life and parenting that have a positive effect on the children’s lives.* |  |
| **What needs to change or to happen?**What do you believe will make this child(ren) safe?What could Professionals do?What could Family do? |  |
| **What is still unknown or unclear about the child(ren) and family?****What further information would be useful?** |  |
| **Are there any areas that the family do not accept or have a different view on?** |  |
| **What do you believe to be the likely outcome for the child(ren) if their current situation continues?** |  |
| **What areas of risk or concern can your agency help the parents/carers to resolve?***Briefly describe what contribution your service**can make to the child(ren)’s plan**.* |  |

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| **Author’s Name** |  | **Designation** |  |
| **Signature** |  | **Date** |  |
| **Manager’s Name** |  | **Designation** |  |
| **Signature if appropriate** |  | **Date** |  |

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| **Has this report been shared with parents/carers?** |  | **Has this report been shared with the child(ren)/young person?** |  |
| **If yes, date: If not, state reason why** |  | **If yes, date: If not, state reason why** |  |

What are the views of the parents/carers on this report?

**NB: the report should be shared with Parents/Carers before the conference. Please do not share this report with the child/ren unless this has been agreed with the child/rens social worker and the parents.**

**For review meetings, what difference do you think the plan has made to the child/rens life and the difficulties they were facing, please include any positive outcome from the last plan.**