***Insert agency name/logo here***

 **Confidential**

**Report for Initial/Review Child Protection Conference or Child in Need Planning/Review meeting**

 **Date of conference/meeting:**

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| Name and dob of child: |
| Names of parents and of any other significant adults: |
| Name and role of report author:Who is the allocated worker for this family? |
| How and when were the contents of this report shared with the family?Have you sent the report to the Chair 24 hours in advance? |
| 1. Describe your agency’s involvement with the family.

*You could include the reason why you first became involved with the family, how long you have been involved, any relevant history, who in the family you are working with, the services that you have offered and are providing, how well the family has engaged, and what your workplan is.* |
| 1. What do you know about the child’s needs?

*Include any information that you have about the child’s needs, in particular, information that is specific to your agency. Areas to consider might be the child’s health, education (including attendance), presentation, behaviour, emotional wellbeing, identity, relationships with family, relationships with peers, and their self-care skills.**Please make sure you include the child’s strengths, as well as things that you may be worried about.* |
| 1. What do you know about the parents and family?

*Please make sure that you consider both of the child’s parents.**Consider any information which is relevant to the adult in terms of their functioning as a parent. It is important that you include the parents’ strengths and the things that make them more resilient, as well as any concerns.**Please consider factors such as the parents’ support network, engagement with services, drug/alcohol use, disability, mental & physical health, literacy/education, employment history, and criminal behaviours. Comment, where possible, about the impact that this has on their parenting.**If there are others in the home, such as adult siblings or step parents/partners, please consider them and the impact that their presence in the home may have on the child(ren).* |
| 1. Do you know what the family’s views are? What have they said to you?
* Child
* Mother
* Father
* Any other significant adults/family members.

*Please include these verbatim, where possible. If the child is not able to communicate verbally then you may wish to include any relevant observations e.g. if the child is preverbal and appears comfortable in the care of his or her parents, then you may wish to include this, making it clear that this was established through observation rather than the child telling you.* |
| 1. What is your professional view?

*Please include any observations or reflections of the family. What does the information that you hold tell you about the child, and their family?**It is important that, as well as noting concerns, we also consider the things that the family are doing well, and the things that make them more resilient.* |
| 1. Please attach any relevant documents that may help inform the decision of conference (please note that professionals will have 15 minutes to read all reports).

*You may wish to include attendance reports, risk assessments completed by your agency, or a chronology.* |
| Date of report:Signature of author: |