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| **MULTI AGENCY REPORT FOR CHILD PROTECTION CONFERENCE** |
| ***Notes for use****:* * *The completed form contains personal data to be protected and processed in line with the Data Protection Act 1998.*

AGENCY REPORT |  |

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| conference date: |       |
| Name of child: |       |
| Date of Birth |       |
| NHS NUMBER: |       |

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| **AGENCY DETAILS:** |
| **NAME OF WORKER:** |  | **DATE OF REPORT:** |  |
| **AGENCY:** |  | **ROLE:** |  |

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| **FAMILY DETAILS:** |
| Name | DOB/EDD | M/F | Relationship to the Child |
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| **Overview of Agency Involvement with child/family including information of attendance/engagement with your service:** |
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| **1. Child & Family History (What historical involvement have you had with the family?)** |
| AGENCY REPORT |
| **2. Family Strengths/Protective Factors (What is going well?)** |
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| 3. Grey Areas/Complicating Factors (What factors contribute to difficulty for the child?) |
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| 4. Danger/Risks (What do you consider is placing the child at risk of significant harm?) |
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| **5. Safety Factors (What factors do you feel will reduce the risks identified?)** |
| AGENCY REPORT |
| **Signature (Person completing report)** |  | **Date** |       |

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| **If applicable – Signature of Child Protection person/manager for Agency completing the report** |  |
| **Every effort should be made to share this report to those with Parental Responsibility. Where this is not possible, please state the reason why and make attempts to inform verbally of content.** |  |
| **Have those with Parental Responsibility viewed/heard this report?** |  |
| **If possible, please obtain signatures to confirm those with legal Parental Responsibility have viewed/heard the report.** | **Date:** |
| **Any dissent to the agreed outcome of the conference should be recorded.** |  |

Please email this form to:

Email: CentralRequests@birminghamchildrentrust.co.uk

Secure: safeguarding.ola@birmingham.gcsx.gov.uk

Any queries please contact 0121 303 7557