**Multi Agency Report for Review Child Protection Conferences**

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| Review Conference date |  | Chairperson: |  |
| Venue: |  | | |
| Name of child/ren |  | Date of birth |  |
| NHS number, if know |  | | |

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| **Agency details** | | | |
| Name of worker: |  | Date of report: |  |
| Agency: |  | Role: |  |

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| --- | --- | --- | --- | --- |
| Family details | | | | |
| Name | DOB/EDD | Gender | Relationship to child | Living in household |
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| Update from your agency since the last child protection conference (Any significant events or change in circumstances/ progress of the child protection plan including what is working well?) | | | |
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| Voice of the child -: If you can, please comment on seeing and hearing the child and focusing on the needs of the children. Any direct work or observations. | | | |
|  | | | |
| Recommendations for the Review Child Protection Conference- are you still worried about the child/ren? Do you think a child protection plan is still needed? | | | |
|  | | | |
| Core Group Member: | Yes/No | Last core group attended: |  |

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| --- | --- | --- | --- |
| Signature (person completing the form) |  | Date |  |
| Every effort should be made to share this report with those with parental responsibility. Where this has not been possible, please state reason why |  | | |
| Have those with parental responsibility viewed or seen the report? |  | | |
| Please email this form to [ChildProtectionConferencing@BirminghamChildrensTrust.co.uk](mailto:ChildProtectionConferencing@BirminghamChildrensTrust.co.uk)  Any other queries please contact 0121 303 7557 | | | |