

Strictly Confidential

Agency Child Protection Conference Report Form

Child/ren's Name/s:	Date of Birth:

Agency	
Role	
Name (printed)	
Signature	
Date report completed	

Please complete all of the boxes where the asterisk is marked.
The boxes will expand on completion

**This completed form should be returned to the Child Protection
 inbox three working days prior to the Conference
 child.protection@eastriding.gcsx.gov.uk**

Please identify Key Events in your work with the family

(this could include for example; how long you have worked with the family; 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)

*

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)
*	*
Complicating Factors (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)
*	*
(Things that are making this harder to deal with)	
*	

Safety Scale (Your Judgement)

Please mark and score on the scale of 0 - 10, where 0 means you cannot be more worried and 10 means you would be happy for the child not to be placed on a plan or if this is a review conference for the child protection plans to be removed.

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?)

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Parents Goals

(Following the sharing of this report with parents/carers, what are their goals?)

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Child/ren's Goals

(Include any comments made to you by the child about their goals)

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