

Multi-Agency Report for Child Protection Conference

NAME OF AGENCY PROVIDING THIS REPORT						
NAME (of Person completing this report)	CONTACT DETAILS			ROLE WITHIN ABOVE AGENCY		
NAME (of Person who will be presenting this report)	NAME OF AGENCY & CONTACT DETAILS			ROLE WITHIN AGENCY		
CONFERENCE DETAILS						
Type (Initial / Review):						
Date		Time		Venue (note if attending via MICROSOFT TEAMS):		
CHILDREN SUBJECT TO CONFERENCE						
Name	Gender	Date of Birth	Ethnicity	First Language	Disability	ID Number
GP Details :						
PREVIOUS CHILD PROTECTION PLANS						
States of Guernsey or other LA		Dates:		Category of Harm :		

ADDRESS HISTORY						
Current Address :						
Is this Permanent or Temporary:						
Previous Addresses (if known):						
FAMILY NETWORK						
Name	DOB	Address	Relationship to the child/ren	Has this person lived abroad	Previously known to Children's Services	Significant Person
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
LEGAL PROCEEDINGS / COURT ORDERS (provide any details, if known)						

Have you contributed to the Danger Statement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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SUMMARY OF PAST HARM

**WHAT ARE WE WORRIED ABOUT NOW?
(Current Harm)**

WHAT IS WORKING WELL?

(What is working well now & what has worked well in the past)

COMPLICATING FACTORS

(What makes the family's life and care of the children more challenging)

VIEWS OF THE CHILD/REN?

(What has the child/have the children told you about their daily lived experience?)

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OBSERVATIONS OF THE CHILD/REN

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VIEWS OF THE PARENTS / CARERS / SIGNIFICANT OTHERS

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WHAT NEEDS TO HAPPEN?

- How can we reduce the worries and the risk of harm?
- What would you need to see to be satisfied that the children were safer?

PROFESSIONAL VIEWS

- Your professional/agency view about CP Planning & Timescales for Change – Trajectory

SHARING OF REPORTS

Has this report been shared with the child (verbally or in writing) before the Conference?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has this report been shared with the family (verbally or in writing) before the Conference?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If the report has not been shared before the Conference, why is this?

Please note that you will be asked the following ‘Scaling Question’ towards the end of the Child Protection Conference if you attend:

Signs of Safety Scale

On a scale of zero to ten: "How safe is this child?"

10 = this child is safe from harm & case no longer requires targeted interventions

0 = this child is not safe and is at immediate or imminent risk of harm

UNSAFE

SAFE

0					5						10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	

Please be aware that half numbers cannot be accepted during scaling

Why have you scored that number on the scale?

What would you want to see happening for your score to move up just one point?

Signature:

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