**Enfield Multi-agency Child Protection Conference Report**

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| Date of Conference: |  | Professional Name: |  |

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| Agency: |  | Professional Job Title: |  |

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| Child(ren) subject to report | Sex (M/F) | DOB/EDD | NHS Number | SEND (yes/no) | Ethnicity | School / Nursery |
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| Current address of child(ren): |  |

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| --- | --- |
| GP Details: |  |

Other Household Composition and Relevant Family Members

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| Full Name | DOB | Relationship to Child | Address | Ethnicity |
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| Notes | 1. Where more than one child is being discussed, please comment within this report on each child separately. 2. This form should be shared with the family before the Conference if possible and if there are any issues around sharing confidential information, please discuss these with the child’s social worker and the Conference Chair in advance of the meeting. 3. Please complete all sections of this form in your own words and professional analysis. 4. Please include where relevant a chronology of significant events for the child and family and the services already provided and how successful this was. |

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| **Overview of your agency’s involvement with the child family** |  |
| **Current Risks or Concerns**  Include what factors you consider to pose risk of significant harm to the child(ren) |  |
| **Complicating Factors**  Include any previous history of concerns within the family, anything that might get in the way of resolving current risks and any previous involvement with your agency, including any areas that still require further information and assessment. |  |
| **Safety/Protective Factors**  Factors you believe reduce the risk of harm to the child(ren) or help to ensure safety |  |
| **Strengths/Positives**  Positive features of family life and parenting that have a positive effect on the child(ren)’s lives. |  |

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| What changes would you need to see in the family to ensure that the risk of harm to the child(ren) is sufficiently reduced? |  |
| What contribution can your service make to the child(ren)’s plan, who would work with them and how would you propose to undertake this work. |  |
| **Specific Information required from all educational settings/provisions**   * Current Attendance   (Percentage and unauthorised absences. Are there any prosecutions for attendance?)   * Number of exclusions this academic year with reasons for exclusion. How is school going to support this going forward? * Is the young person making progress from their starting point? * Are they on track to meet ARE in Primary or their targets if SEND? * Any Mental Health Support put in place by the School |  |

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| Where, on a scale of 0 – 10 would you rate your concern for the child(ren) at this time?  0 – VERY CONCERNED  10 – NO CONCERN AT ALL |
| 1 2 3 4 56 7 89 10 |

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| **Voice/experience of the child(ren)**  E.g. relevant discussions you have had with the child, your observations of the child. |  |

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| Any other comments |  |

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| Date: |  | |
| Name: |  | |
| Agency: |  | |
| Role: |  | |
| Address: |  | |
| I will be attending the conference (please tick yes or no) | | YES NO |
| **Once you have completed this form please return to** [MPESupport.SCS@enfield.gov.uk](mailto:MPESupport.SCS@enfield.gov.uk)  To contact the Safeguarding Quality Service team call: 0208-379-4392 | | |