**Oxfordshire Safeguarding Children Board Format for Professional Reports for:**

**Initial / Transfer – In / Review Child Protection Conferences**

***Please refer to the Guidance for completing Multi Agency Reports for Conference for support in completing this form.***

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| **Agency’s name** |  | **Role/job title** |  |
| **Professional’s name** |  | **Email address** |  |
| **Professional’s address** |  | **Contact number** |  |
| **Date of conference** |  | **Alternative**  **Contact number** |  |

**Child(ren)’s Details**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Forename** | **Surname** | **Date of Birth** | **Address** | **Ethnicity** | **Disability or Special need** | **Does the child have an EHCP plan** | **Nursery/School/**  **College** | **NHS Number** |
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**Details of Parents, Carers or Significant Family or Household Members**

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| **Forename** | **Surname** | **Date of Birth** | **Relationship to the child** | **Address** | **Ethnicity** | **Disability or Special need** | **School/College** |
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| 1. **Overview of your agency’s involvement with the child/ren/family.**  * *How long have you worked with / been involved with the family?* * *What work have you been doing with the family? How successful has this been? If it hasn’t been successful give details of barriers* * *Include a chronology* * *Attach confidential sheet if necessary* |
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| 1. **What’s working well?**  * *Safety factors / Strengths that you believe reduce the risk of harm to the child* * *Features of family life that have a positive impact on the child* * *Include extended family, friends, community* * *Progress in Education* |
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| 1. **What are you worried about?**  * *This can include a summary of previous interventions provided to the family and their effectiveness* * *Include information about previous concerns or factors from the parents’ own childhoods which could impact the situation* * *What do you think could happen for the child if the current situation does not change* |
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| 1. **Child’s World –including their voice, wishes and feelings.**  * *Are their health and development needs being met? Include Unborn Babies* * *What has the child told you?* * *Relevant information about attendance/attainment and any notable referrals* * *What have you observed in the child’s behaviour which indicates to you what they are feeling?* * ***Please ensure you have the child’s permission to share their views with parent/carers and with conference members*** |
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| 1. **Needs Analysis - Including your view about parents’ ability to make and sustain change**  * *What are the family worried about?* * *What changes do they want to see and why?* * *What changes do we need to see?* * *Consider possible obstacles for family and other information for clarification* |
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| 1. **What are your views in respect of threshold?**  * *Are the children experiencing, or continuing to experience significant harm?* * *Has change been affected that indicates that the risk has reduced, and that threshold is no longer met for CP?* |
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| 1. **What are the Parent’s/carers/family network views on the situation and your report?**  * *For review meetings, what difference do the child and parents think the plan has made to their lives and the difficulties they were facing?* |
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| 1. **Is there any other information not included above that you feel conference should be aware of?** |
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| **Has this report been shared with parents/carers?** | | **Y** | **N** | **Has this report been shared with the child(ren)/young person?** | **Y** | **N** |
| **If yes, date:** |  | | | **If yes, date:** |  | |
| **If not, state reason** |  | | | **If not, state reason** |  | |
| **Author’s Signature** |  | | | **Date** |  | |
| **Manager’s Name** |  | | |  |  | |
| **Signature if appropriate** |  | | | **Date** |  | |

**It is the responsibility of all agencies to share your report with parents at least 2 days before the conference. This report should**

**also be sent to CPConferenceAdmin@oxfordshire.gov.uk at least 2 working days prior to the conference**