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| Agency Report for Child Protection Core Group  This template is for guidance; please complete as fully and legibly as possible.  When completing this form please refer to the West Midlands Inter-agency Child Protection Procedures located at: <http://westmidlands.procedures.org.uk/>  <http://westmidlands.procedures.org.uk/ykpqs/statutory-child-protection-procedures/child-protection-conferences> | A picture containing icon  Description automatically generated |

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| **Date of core group** |  |
| **Date of last core group/ Child Protection Conference** |  |

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| **AGENCY DETAILS** | |
| **Agency** |  |
| **Your name** |  |
| **Job title** |  |
| **Contact details (inc email address)** |  |

**Are you attending core group? YES / NO**

**If ‘NO’ name of person who will be attending in your place:**

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| **FAMILY DETAILS (add further lines if more than 1 child)** | | | |
| **Name of child** | **Date of birth** | **Ethnicity** | **Address** |
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| **Does any child have a disability? If so please provide details** |  | | |
| **Name(s) of parent(s)** |  | | |
| **Name of main caregiver (if not a parent)** |  | | |
| **Any other people living in the same household as the children.** |  | | |

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| **DETAILS OF AGENCY INVOLVEMENT** | | |
| **Length of involvement with the family** |  | |
| **Has your agency’s report been shared with the parent/ carer’s/ their advocate?** | **YES**  DATE: | **NO**  Please state why not: |
| **If the child is 10 or over has your agency’s report been shared with the child/ young person/ their advocate?** | **YES**  DATE: | **NO**  Please state why not: |

**This template should contain updated information form one core group/ child protection meeting to the next. It should not be a repeat of previous information, but should highlight any progress made, areas of concern and any new information to be factored into the multi-agency analysis and plan**.

**Brief chronology**

Chronology summarising service provided to the family since the last core group/ child protection conference. Include significant events, contacts, visits and failed appointments. (e.g. ‘X’ has 87% attendance but notable absences appear to have occurred on Fridays for the last 3 months).

You should only include events that took place before if they are relevant to your analysis of risk now and have significance for the child(ren) or family.

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| Date | Detail of event | How is this event significant for analysis of risk? |
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| **From your professional perspective please describe:** |
| **What’s working well for the child(ren)?** Where there is more than one child, please differentiate between children. |
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| **What are you worried about for the child(ren)?** |
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| **From your professional perspective please describe:** |
| **What’s working well in respect of parenting?** What are the strengths in the care the child(ren) receives? Where there is more than one child, please differentiate between children. |
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| **What are you worried about for the child(ren) in respect of the care the child(ren) receive?** |
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| **Are there any complicating factors?** Factors that may make change more difficult, such as long-standing concerns about substance misuse, or a recent bereavement **etc. Please ensure anything not previously discussed is highlighted.** |
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| **From your professional perspective please describe about the family and environmental factors:**  *Including family history and functioning, wider family and close friends, housing conditions and*  *suitability for the family, employment and income, family’s social integration (their involvement in their*  *immediate community) and community resources.* |
| **What’s working well?** |
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| **What are you worried about?** |
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| **FROM YOUR PROFESSIONAL PERSPECTIVE PLEASE REFLECT ON THE AGREED ACTIONS AND OUTCOMES FOR THE CHILD PROTECTION PLAN AND DESCRIBE ANY PROGRESS MADE & AREAS OF CONCERN AND WHAT YOU BELIEVE NEEDS TO HAPPEN TO HELP KEEP THIS CHILD OR CHILDREN SAFE?** |
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Please try to ensure that parents and carers are aware of the content of this report ***before*** the core group meeting. The contents of this report will be shared fully with the parents/carers at core group ***unless*** you believe that this will place any person at risk of significant harm. In these circumstances please contact the lead social worker directly.

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| **Name** |  |
| **Signed** |  |
| **Date** |  |

Please forward via secure email to the lead social worker

Childrens Services collect and hold your information in order to understand the needs of you and your family.  We will use this information to provide the appropriate support or advice that you or your family may need.

Your information may also be shared with other council services and partner organisation to ensure our records are kept accurate and to help us identify services or benefits you may be entitled to or interested in. We may also need to share your information for the prevention and detection of fraud and / or other crimes as the law requires. For further information about how we use your information please refer to the Council's Privacy Statement on [www.solihull.gov.uk](http://www.solihull.gov.uk)