

**MULTI-AGENCY CHILD PROTECTION CONFERENCE REPORT**

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| **Planned date of conference:** |  |
| **Type of conference:** | Initial or Review |
| **Family Surname:** |  |

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| **AGENCY COMPLETING THE REPORT** | |
| **Name and address**  **of agency:** |  |
| **Name of author:** |  |
| **Role of author:** |  |
| **Date report completed:** |  |
| **Length of agency involvement of with the family** |  |
| **Date report shared**  **with parent(s):** |  |
| **Date report shared with the young person(s):** |  |
| **If not shared; please state why not:** |  |
| The content of this report should be shared fully with the parents/carers + young person (if appropriate), unless you believe this will place any person at serious risk of harm. | |

Please write the report based on your professional knowledge and understanding of the child and family. As this is a generic form you must ensure all the relevant information from your agency or specialism is included. You may wish to refer to the Assessment Framework triangle to aid your assessment.

**IF THE REPORT IS FOR A REVIEW, PLEASE ONLY INCLUDE UPDATED INFORMATION SINCE THE PREVIOUS CHILD PROTECTION CONFERENCE.**

**Completed Reports should be sent by secure e-mail to:**

**Safeguarding&Review@lincolnshire.gov.uk**

Please ensure that emails are transmitted giving the date and location of the conference as a reference in the subject. Please ensure you use an appropriate secure email service when sending information of a sensitive nature to Lincolnshire County Council.

| **COMPLETING THE MULTI-AGENCY CHILD PROTECTION CONFERENCE REPORT** |
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The Multi-agency Child Protection Conference Report Template should be completed by all professionals to provide information to the conference and it is an expectation that all agencies will provide a written report for the conference.

In order to ensure that the child/children and family are fully supported to engage and participate in the Child Protection Conference process, it is important that the following issues are considered and addressed by all agencies prior to the conference.

* All sections of this report are completed in full and discussed with the child/children and parents/carers.
* Any additional or specific support needs are addressed to aid the families understanding of the report, including (but not restricted to) the need for the report to be translated and/or an interpreter discuss the report with the family.
* The voice of the child and how their views, wishes and feelings will be heard.
* The report should be submitted at least 48 hours prior to an initial conference and 5 working days in advance of a review conference.
* Be prepared to summarise the key information in your report during the conference.
* Distinguish between fact and opinion.
* Please advise the Chair in advance if there is information that should not be shared with certain members at conference.

**CONFIDENTIALITY STATEMENT:**

The matters raised in this report are confidential to members of this conference and the agencies that they represent, and should only be shared with others for the purpose of promoting the safeguarding and welfare of the children concerned. All reports provided to Conference will be distributed on the strict understanding that they will be kept confidential and in a secure place.

**INFORMATION SHARING AND DATA PROTECTION**

Should there be a need to share any of the information included in this report with other professionals who are involved with the family but are were not present at conference or for managerial or supervisory purposes this is acceptable. However, if information needs to be shared with third parties then permission should be sought from Lincolnshire Safeguarding Children's Partnership.

**EQUAL OPPORTUNITIES STATEMENT:**

LSCB are committed to ensuring that current and potential service users are treated with dignity and respect and will not be discriminated against on the grounds of their social circumstances or background, such as gender, race, colour, ethnic origin, religion or belief, disability, gender identity, sexual orientation or age.

| **FAMILY INFORMATION** |
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| **Subject(s)** | **Date of birth** |
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| **HOUSEHOLD MEMBERS** | | |
| **Name** | **Date of birth** | **Relationship to subject(s)** |
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| **EXTENDED FAMILY & SUPPORT NETWORK** | |
| **Name** | **Relationship** |
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| **BRIEF OVERVIEW OF AGENCY INVOLVEMENT WITH THE CHILD(REN) AND FAMILY, INCLUDING ATTENDANCE/ENGAGEMENT WITH SERVICES**   * Including length and reason for involvement; * A chronology of significant events should also be included or attached. * For review conferences please include an update on the agreed plan, progress towards the safety goals and any outstanding actions. |
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| **WHAT ARE WE WORRIED ABOUT?** |
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| **PAST HARM AND COMPLICATING FACTORS**   * Evidence of actual or potential harm to the child/children. * What behaviours are you aware of that may pose a risk and what is making this problem harder to deal with? * Please include observations of the child/children and how their voices have been gained? |
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| **WHAT IS WORKING WELL?** |
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| **EXISTING SAFETY AND STRENGTHS**   * Proven and tested over time to keep the child safe. * What is being done to try to address the worry? * Positive aspects * Please include observations of the child/children and how their voices have been gained? |
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| **WHAT NEEDS TO HAPPEN?** |
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| **DO YOU FEEL A CHILD PROTECTION PLAN IS REQUIRED?** |
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| Yes/ No (Please delete as appropriate)  Please provide your explanation here from your agencies’ perspective: |

| **WITH YOUR AGENCY’S KNOWLEDGE OF THE FAMILY, WHAT RECOMMENDATIONS SHOULD BE INCLUDED ON A SAFETY PLAN?** |
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| **WHAT CAN YOUR AGENCY CONTRIBUTE TO SUPPORT THE FAMILY?** |
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| **CHRONOLOGY OF SIGNIFICANT EVENTS** |
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If the report is for a review, please only include updated information since the previous child protection conference.

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| **Date** | **Event** |
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