

MULTI-AGENCY CHILD PROTECTION CONFERENCE REPORT

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

AGENCY COMPLETING THE REPORT	
Name and address of agency:	
Name of author:	
Role of author:	
Date report completed:	
HAS THIS REPORT BEEN SHARED WITH THE FAMILY?	
Date report shared with parent(s) prior to the Conference:	
Date report shared with the young person(s) prior to the Conference:	
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. Reports need to be sent to the above email address. Please ensure you

PRIVATE AND CONFIDENTIAL

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

The Multi-agency Child Protection Conference Report Template should be completed by all professionals to provide up to date 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 it has been discussed with the child/children and parents/carers, where it is safe to do so.
- ✓ Any additional or specific support needs are addressed to aid the family's understanding of the report, including (but not restricted to) the need for the report to be translated and/or an interpreter to 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 who 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 the Independent Chair.

EQUAL OPPORTUNITIES STATEMENT:

LSCP is 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

SUBJECT(S) OF CONFERENCE		
Subject(s)	Date of birth	Address

HOUSEHOLD MEMBERS		
Name	Date of birth	Relationship to subject(s)

EXTENDED FAMILY & SUPPORT NETWORK	
Name	Relationship

BRIEF OVERVIEW OF YOUR AGENCY'S INVOLVEMENT WITH THE CHILD(REN) AND FAMILY, INCLUDING ATTENDANCE/ENGAGEMENT WITH YOUR SERVICES.
<ul style="list-style-type: none"> • Including length and reason for involvement • A chronology of <u>significant</u> events should also be included or attached – page 7 • What have you observed first hand/what do you know?
WHAT ACTIONS HAVE YOU TAKEN?
<ul style="list-style-type: none"> • If there is a safety plan in place, what progress has been made? • Have you seen the child (ren) – what have they said, what have you observed? • How is the child(ren) growing up and developing? • What is the day to day lived experience of this child(ren)? • How do you know, what have you seen, heard or observed that tells you this?

WHAT ARE WE WORRIED ABOUT?

HARM

- Evidence of Actual Harm to the child(ren) – physical and emotional.
- Behaviours that are harmful or damaging and that pose risk to the child(ren).
- Frequency: when did it start, when was the last time, how often, reported by who (parent, child, network, and professional)?
- Severity: what was the worst behaviour observed, the worst impact on the child(ren) , reported by who (parent, child, network, professional)?
- What does this feel like for this child(ren)?
- What has the child(ren) said, who have they said this to?
- What is being observed?

COMPLICATING FACTORS

- Who, what, or which resource is making it harder to deal with the worries?
- For whom?
- What does this feel like for this child (ren)?
- What has the child said? Who have they said this to?
- What does it look like for the child(ren)?
- What is being observed? Who by?

WHAT IS WORKING WELL?

EXISTING SAFETY

- Actions and behaviours taken by parents, caring adults, network and children to make sure the child(ren) are safe/cared for when the worry is present.
- What does this feel like for this child(ren)?
- What has the child(ren) said? Who have they said this to?
- What is being observed? Who by?

EXISTING STRENGTHS

- Behaviours and actions of a person, resource or situation, that makes the worry easier to manage.
- What does this feel like for this child(ren)?
- What has the child said?
- What is being observed?
- What are the child's strengths?
- What makes the child(ren) happy?

WHAT NEEDS TO HAPPEN?

SAFETY GOAL(S)

- Describe precisely what outcomes you need to see to be satisfied there is sufficient safety.
- The observable behaviours and actions we and the network need to see to be satisfied the children will be safe/thriving and no longer need support.

NEXT STEPS TO BUILD FUTURE SAFETY FOR THE CHILD/CHILDREN

- Consider the best questions you need to ask, any information you need to check out and any further evidence you need to gather.
- Your professional curiosity?

RECOMMENDATIONS

- Based on your awareness of the family, what needs to happen to help the family achieve their Safety Plan.
- Actions by your role/agency
- Actions by others
- What would this mean for this child(ren) – what difference would it make?
- How will you know it is making a difference? What will you see and hear?

CHRONOLOGY OF SIGNIFICANT EVENTS

If the report is for a review, please only include updated information from your Agency involvement since the previous child protection conference.

If third party information is included, please provide details of the source.

Please provide details of any observations arising from any visits/appointments undertaken (rather than just visit dates/times).

Date	Event