 

**CONFIDENTIAL**

**Agency Report for Child Protection Conference**

*This template is for guidance; please complete as fully and legibly as possible. When completing this form please refer to the:*

[Multi-Agency Report to Conference: Guidance Notes](https://llrscb.proceduresonline.com/p_ch_protection_conf.html)

[LLR Practice Standards for the Child Protection Process](https://llrscb.proceduresonline.com/p_ch_protection_conf.html)

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you attending the conference?**  **If not how will your agency’s information be shared?** | Attending | Report | Deputy |
|  |  |  |

|  |  |
| --- | --- |
| **FAMILY DETAILS** | |
| **Name of child(ren)** |  |
| **NHS number(s)** |  |
| **UPN number(s)** |  |
| **Date(s) of birth** |  |
| **Does the child/ren have a disability?** |  |
| **Address of the children** |  |
| **Name of parents/adults with parental responsibility** |  |
| **Date(s) of birth** |  |
| **Address** |  |
| **Name of main caregiver**  *(if not a parent)* |  |
| **Date(s) of birth** |  |
| **Address** |  |
| **Any other known household**  **members -** *living in the same house as the child/ren* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AGENCY DETAILS** |  | |  | |
| **Agency** |  | |  | |
| **Your name** |  | |  | |
| **Job title** |  | |  | |
| **Best way of Contact: Secure e-mail & telephone number** |  | |  | |
| **Length of involvement with the family** |  | |  | |
| **Are you aware of any other professionals from your agency that might have relevant information relating to this family?** |  | |  | |
| **Has your agency’s report been shared with the family?** | Yes | Date | No | Why not? |
|  |  |  |  |

It is expected that agencies will share their report with the family however, there may be times where confidential information is needed to be shared within the confidential slot at the conference.

**Brief Chronology**

Summary of key events from your agency’s involvement with the child and family over the last 12 months. This may include details of intervention, key appointments attended or failed.

|  |  |
| --- | --- |
| **Date** | **Detail summary of significant events and agency involvement** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Overview of the current situation for the child/ren with regards to what is working well, what you are worried about and what are the next steps that could be implemented to reduce your worries.

|  |  |  |  |
| --- | --- | --- | --- |
| **What are you worried about?**  *(Is there anything that can be identified within the family that might increase the risk of harm to the child/ren?)* | **What’s Working Well?**  *(Is there anything that can be identified within the family that is increasing the safety of the child/ren?)* | | **Next Steps**  *(What are you going to do in your agency?)* |
|  |  |  | |

|  |
| --- |
| **Based on your agency’s knowledge and evidence what is life like for the child (their lived experience)**? |
|  |

|  |
| --- |
| **Professional Analysis & Impact statement**  *Thinking of the child/ren - if the things that you have highlighted above were to continue what is the impact for the child now and what could happen in the future?*  *What do you believe will make this child/ren safe? How will this be achieved? Who can help achieve this?* |
|  |

|  |
| --- |
| A **Scaling Question** (0 being no safety and 10 being safety)will be asked during conference,this is to start to help you in determining whether the Child Protection threshold of significant harm is met and whether a Child Protection Plan is the most appropriate plan*.* |

**Name:**

**Signed:**

# Date:

The content of this report should be shared fully with the parents/carers, unless you believe this will place any person at serious risk of harm.

Please submit this report **at least 2 days before the Child Protection Conference** to the Local Authority Safeguarding office in the area where the conference is to be held.

|  |  |  |
| --- | --- | --- |
| **Leicestershire:** | **Leicester:** | **Rutland:** |
| CYPSconferenceclerks@leics.gov.uk  Fax: 0116 305 7548  Tel: 0116 305 7570 | [cpclerks@leicester.gov.uk](mailto:cpclerks@leicester.gov.uk)  Fax: 0116 454 0718  Tel: 0116 454 2440 | [SafeGuardingUnit@rutland.gov.uk](mailto:SafeGuardingUnit@rutland.gov.uk)  Fax: 01572 758 398  Tel: 01572 758 454 |

**Please note**: a secure e-mail address must be used to send any sensitive and personal information and must only be sent to another secure email secure address. Your agencies ICT and information security teams will be able to provide further advice on the best solution to transfer information securely.