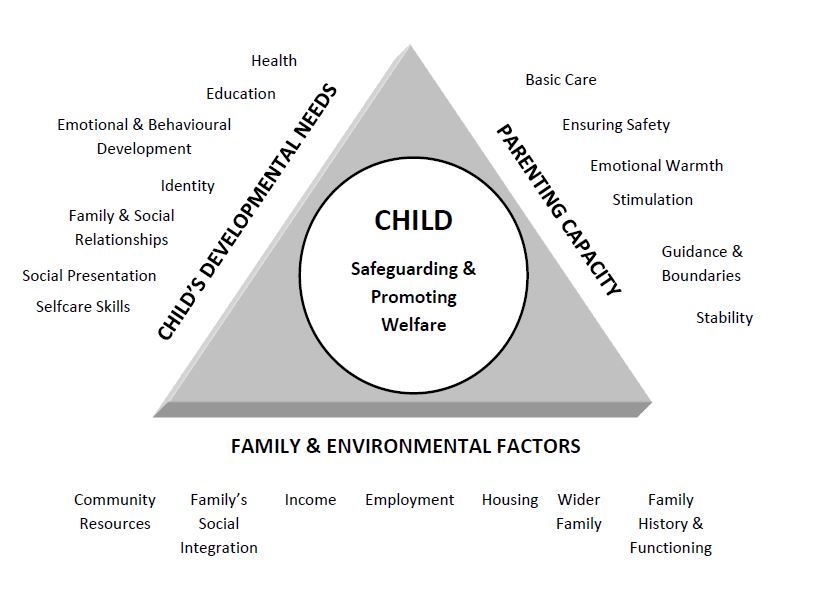
**Swindon Safeguarding Partnership**

Multi-Agency Child Protection Conference Report



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| **Agency’s Name** |  | **Professional’s Role / Job Title** |  |
| **Professional’s Name** |  | **Professional’s e-mail address** |  |
| **Professional’s Address** |  | **Professional’s Contact Number** |  |
| **Date of Conference** |  |  |  |

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| 1. **Child(ren)’s Details** | | | | | | | |
| **Forename** | **Surname** | **DOB** | **Address** | **Ethnicity** | **Disability or**  **Special Need** | **School or Nursery** | |
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| 1. **Details of Parents, Carers or Significant Family or Household Members** | | | | | | | |
| **Forename** | **Surname** | **DOB** | **Address** | **Ethnicity** | **Disability or**  **Special Need** | **Relationship To Child** | **Parental Responsibility?** |
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| 1. **Overview of your agency’s involvement with child/family**   *How long have you been involved with the child/family?* |  |
| 1. **What are you worried about?**   *Include what factors you consider to pose risk of significant harm or increase the risk of harm to the child/children?* |  |
| 1. **Historical Concerns?**   *Information about previous concerns or factors from the parent’s own childhoods which could increase the risk.* |  |
| 1. **What’s working well?**   *Safety factors which you believe reduce the risks of harm to the child/children or help to ensure safety. Features of family life and parenting that have a positive effect on the children’s lives.* |  |
| 1. **What would reduce our concerns?**   *What do you believe will make this child or children safe?*  *What should professionals do?*  *What should the Family do?* |  |
| 1. **What do you believe to be the likely outcome for the child(ren) if their current situation continues?** |  |
| 1. **What areas of risk or concern can your agency help the parents/carers to resolve?**   *Briefly describe what contribution your service can make to the child(ren)’s plan.* |  |
| 1. **What are the views of the parents/carers and/or the child(ren)/young person on this report?** |  |
| 1. **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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| **Author’s Name** |  | | | **Designation** |  | | |
| **Signature** |  | | | **Date** |  | | |
| **Manager’s Name** |  | | | **Designation** |  | | |
| **Signature if appropriate** |  | | | **Date** |  | | |
| **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 why** |  | | | **If not, state reason why** |  | | |

It is the responsibility of all agencies who have participated in as child protection enquiry or who have relevant information to make this available to the conference in the form of a legible and signed report. The report should be provided to parents at least 2 working days in advance of initial conferences and 5 working days before review conferences.