

**Swindon Safeguarding Partnership**

Multi-Agency Child Protection Conference Report

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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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| **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. **Overview of your agency’s involvement with child/family**  * *If known, when was the original referral received and who made this?* * *The type of service you provide and who you are working with* * *How well is your service used?* * *Progress* * *Challenges / barriers to progress being made* |  |
| 1. **Historical Concerns?**  * *Information about previous concerns or factors from the parent’s own childhoods which could increase the risk.* * *Have there been any other children of these parents whose children were subject to Child Protection plans or Looked After?* |  |
| 1. **What are the risks?**   *What factors do you consider to pose risk of significant s harm or increase the risk of harm to the child/children?* |  |
| 1. **What is the Impact on the Child?**  * *What is the lived experience of the child?* * *What is the impact of this situation on their safety, health and well-being?* |  |
| **7. What are the strengths of the family?**   * *Strengths which you believe reduce the risks of harm to the child/children or help to ensure safety.* * *Is there supportive extended family?* * *Who does the child see as a safe adult and who do they got to for support?* * *What are the resilient factors?* |  |
| 1. **What do you think should be the outcomes for this child(ren) and family?** |  |
| 1. **How can your agency contribute to supporting the outcomes for this family?**   *Think specifically about your agencies field of expertise in supporting the plan* |  |
| 1. **What are the views of the child on this report?** |  |
| 1. **What are the views of the parents/carers on this report?** |  |
| 1. **For review meetings, what difference do the child and parents think the plan has made to their lives?** |  |

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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 this child protection enquiry or who have relevant information to make this available to the conference in the form of a written and signed report. The report must be shared with parents at least 2 working days before an ICPC and 5 working days before an RCPC.**

**The report must also be sent to; sqateam@swindon.gov.uk at least 3 working days prior to an ICPC and 5 working days prior to an RCPC.**