

Safeguarding Children Partnership Board Case Conference Report Format

DETAILS OF CONFERENCE				<input checked="" type="checkbox"/> as required
Date of Conference		Venue of Conference:		
TYPE OF CONFERENCE	<input type="checkbox"/> Initial	<input type="checkbox"/> Review		
	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth <input type="checkbox"/> Fifth
REVIEW CONFERENCES:	Dates of core group meetings since last conference:			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial Conferences:	Date of strategy meeting:			
DETAILS OF REPORT				
Name of report author:		Agency:		
Date report completed:		Date report submitted:		
Has report been seen in advance by:				
Child <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Father <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	
Mother <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Other <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify:	

DETAILS OF FAMILY			
HOME ADDRESS OF FAMILY:			
LIVING CIRCUMSTANCES OF FAMILY: (who lives with who and where)			
Subject child 1 <input type="checkbox"/> Unborn - EDC: <input type="checkbox"/> Lives at home address, if not specify			
Full Name			
Alias/ also known as			
Date of birth		Age:	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity:	
First Language	<input type="checkbox"/> English <input type="checkbox"/> Portuguese <input type="checkbox"/> Polish <input type="checkbox"/> Other - specify: <input type="checkbox"/> Interpreter required - specify:		
Education:	<input type="checkbox"/> Not at school <input type="checkbox"/> Foundation <input type="checkbox"/> KS1 <input type="checkbox"/> KS2 <input type="checkbox"/> KS3		
Disabilities:	<input type="checkbox"/> No <input type="checkbox"/> Yes - specify:		
Subject child 2 <input type="checkbox"/> Unborn - EDC: <input type="checkbox"/> Lives at home address, if not specify			
Full Name			
Alias/ also known as			
Date of birth		Age:	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity:	
First Language	<input type="checkbox"/> English <input type="checkbox"/> Portuguese <input type="checkbox"/> Polish <input type="checkbox"/> Other - specify: <input type="checkbox"/> Interpreter required - specify:		
Education:	<input type="checkbox"/> Not at school <input type="checkbox"/> Foundation <input type="checkbox"/> KS1 <input type="checkbox"/> KS2 <input type="checkbox"/> KS3		
Disabilities:	<input type="checkbox"/> No <input type="checkbox"/> Yes - specify:		
Mother <input type="checkbox"/> Lives at home address, if not specify			
Full Name			
Alias/ also known as			
Date of birth		Age:	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity:	
First Language	<input type="checkbox"/> English <input type="checkbox"/> Portuguese <input type="checkbox"/> Polish <input type="checkbox"/> Other - specify: <input type="checkbox"/> Interpreter required - specify:		
Disabilities:	<input type="checkbox"/> No <input type="checkbox"/> Yes - specify:		

Father <input type="checkbox"/> Lives at home address, if not specify	
Full Name	
Alias/ also known as	
Date of birth	Age:
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity:
First Language	<input type="checkbox"/> English <input type="checkbox"/> Portuguese <input type="checkbox"/> Polish <input type="checkbox"/> Other - specify: <input type="checkbox"/> Interpreter required - specify:
Disabilities:	<input type="checkbox"/> No <input type="checkbox"/> Yes - specify:
Other significant parental figures <input type="checkbox"/> Lives at home address, if not specify	
Full Name	
Alias/ also known as	
Relationship to child/ children	
Date of birth	Age:
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity:
First Language	<input type="checkbox"/> English <input type="checkbox"/> Portuguese <input type="checkbox"/> Polish <input type="checkbox"/> Other - specify: <input type="checkbox"/> Interpreter required - specify:
Disabilities:	<input type="checkbox"/> No <input type="checkbox"/> Yes - specify:
Other household members <input type="checkbox"/> Lives at home address, if not specify	
Full Name	
Alias/ also known as	
Relationship to child/ children	
Date of birth	Age:
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity:
First Language	<input type="checkbox"/> English <input type="checkbox"/> Portuguese <input type="checkbox"/> Polish <input type="checkbox"/> Other - specify: <input type="checkbox"/> Interpreter required - specify:
Disabilities:	<input type="checkbox"/> No <input type="checkbox"/> Yes - specify:

FAMILY GENOGRAM

Genogram Symbols
(Genogram Symbols legends)

Standard Gender Symbols for a Genogram

REPORT**** Complete only the sections that are relevant to you****Introduction**

This section should include:

- The reason why you are writing the report, that is, to set the report in context to focus your attention on the purpose of the report.
- The length of time the family has been known to you in your professional capacity.
- If the family is not known to you, then state that.
- State that the report which follows is based on information from records and, if the family is known to you, your professional knowledge of the family.
- If you are compiling the information on behalf of a colleague, state that.
- The number of contacts you have had with the family at home or other setting. A record of the number of failed contacts at home or other setting.
- For Teachers, Education Welfare Officers or Nurseries please state attendance record.

Composition of family

This section should include:

- Information about where the child is living on a day to day basis;
- Comments about family genogram;
- Any issues about the current living arrangements;
- Where absent parents are if known;
- Wider extended family composition, including role of grandparents, aunts, uncles and significant others.

Child(ren)'s Health and Development (Physical, Social and Emotional)

This section should be considered for each child in the family with whom you have professional contact. It should include:

- Information from your health needs assessment of child if appropriate;
- Observations of parent/child interactions and the child's behaviour. Comment on the effect of these on the child.
- Include details of any concerning incidents involving the child, in the past or present.
- Significant harm should be considered as demonstrated in the child(ren)'s growth, development and behaviour. Include percentile chart where possible if appropriate;
- Immunisation information if impact on health
- Milestones met / not met
- Any other agencies involved in health issues

Environmental Factors

This section can be completed per family if issues are the same. Specify where different.

- Accommodation
- Finance
- Support networks
- Community resources
- Lifestyle of parents, including visitors who may pose risks to child

Aspects of parenting capacity

This section should include:

- An assessment of parental behaviour and interactions with the child(ren) and their effect on that child/family.
- Positive aspects of parenting skills and parent(s) of the children.
- Actions or omissions by the parent(s) that have caused harm or are likely to cause harm.
- A description of any concerning incidents which have happened in the family.
- Any history of/or current assessment of child protection risk factors or family stresses.

Strengths of situation/Protective Factors

This section should include: <ul style="list-style-type: none"> Your assessment of the parent(s) attitude to professional advice, guidance and support. Consider what the potential is for change or improvement. Any family member or person in wider support network who may be able to provide support to child / parent 	
---	--

Future harm/risk factors

This section should include: <ul style="list-style-type: none"> Your opinion of the chances of significant harm happening in the future, the severity of any such harm and the potential for a change in the situation, children's needs. Outline any risk indicators you see and the impact this may have on the child. Consider domestic violence and substance misuse and any impact they have on children; Are these likely to result in immediate harm to the child? 	
---	--

Analysis and recommendations

This section should include: <ul style="list-style-type: none"> A summary of the facts and your concerns, that is, an overall assessment of perceived risks. Health aspects of the child protection plan if known to you; Educational aspects of the plan if known to you; Emotional or behavioural risks if known; What you or your agency are currently doing to work with the child or family; What you recommend; Whether you consider the child(ren) to be at risk of harm; Child/young persons wishes and feelings; Parents wishes and feelings; Use the Assessment Framework triangle below to help guide your assessment. 	
---	--

Signature Block			
------------------------	--	--	--

Print name of author			
Designation			
Agency			
Work base			
Address			
Contact phone number			
Signature of author		Date	

Notes for completing the form:

The form is to be used as a guide but it is up to your professional discretion to ensure that all relevant information is contained in the report. If there are more children in the family, or more parents or other household members etc, cut and paste the section from Subject child 1, or relevant section and insert it below Subject child 2, or where appropriate before you start completing the form. Cut and paste the correct amount of rows before you print if you are going to complete manually.

You can save the document on your network (save as .. Child Protection Conference Report for *Family Z* for date") and then type into it as a normal word document, and then print off as necessary for the conference or the case file. The examples in the left column are only examples of the sort of information you can provide - feel free to add or subtract to fit with your knowledge of the family.

If the report has not been shared with the family, you need to note the reasons why. Check with your line Manager or designated Child Protection advisor if there is any sensitive information that you are not sure about sharing. Discuss any issues that you are not sure about sharing with the Independent Chair/ Reviewing Officer.