**LANCASHIRE SAFEGUARDING CHILDREN BOARD**

**CONFIDENTIAL**

**INDIVIDUAL AGENCY REPORT FOR INITIAL CHILD PROTECTION CONFERENCE**

**SECTION 1: REPORT AUTHOR**

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| --- | --- | --- | --- |
| **REPORT COMPILED BY:** |  | **JOB TITLE** |  |
| **TEAM MANAGER** |  | **ORGANISATION** |  |

**SECTION 2: KEY INFORMATION**

**Child/Children Subject to Conference (\* - The Service User Number will be included on your invite to conference)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD SERVICE USER NUMBER \*** | **SURNAME** | **FIRST NAME** | **D.O.B** | **SCHOOL/NURSERY** | **CURRENT ADDRESS** | **LEGAL STATUS** | **G.P** | **NHS number** |
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| **HOME ADDRESS** |  |

**Adults and others in the household (including other children not subject to conference)**

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| --- | --- | --- | --- | --- | --- |
| **SURNAME** | **FIRST NAME** | **D.O.B** | **OCCUPATION/SCHOOL/NURSERY** | **RELATIONSHIP TO CHILD SERVICE USER NUMBER** | **PARENTAL RESPONSIBILITY** |
|  |  |  |  |  | **YES/NO** |
|  |  |  |  |  | **YES/NO** |
|  |  |  |  |  | **YES/NO** |

**Any other Significant Adults**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SURNAME** | **FIRST NAME** | **D.O.B** | **ADDRESS** | **RELATIONSHIP TO CHILD SERVICE USER NUMBER** | **PARENTAL RESPONSIBILITY** |
|  |  |  |  |  | **YES/NO** |
|  |  |  |  |  | **YES/NO** |
|  |  |  |  |  | **YES/NO** |

**Any Children who do not live at the named address**

|  |  |  |  |  |  |
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| **CHILD NUMBER** | **SURNAME** | **FIRST NAME** | **D.O.B** | **ADDRESS** | **RELATIONSHIP TO CHILD** |
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| **PLEASE STATE THE CHILDREN/ADULTS YOU ARE CURRENTLY WORKING WITH AND THE REASON FOR CURRENT INVOLVEMENT OUTLINING THE CURRENT UNDERLYING AND HIGH RISK FACTORS PRESENT:** |
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| **AGENCIES INVOLVED (IF KNOWN):** |  | |
| **HAS A CAF BEEN COMPLETED?** | **YES/NO** | **NAME OF LEAD PROFESSIONAL (WHERE KNOWN)** |
| **HAS A TEAM AROUND THE CHILD**  **BEEN HELD? :** | **YES/NO** |  |

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| **DATE THE REPORT BEEN SHARED WITH THE CHILD/YOUNG PERSON:** |  |
| **DATE THE REPORT BEEN SHARED WITH THE PARENTS/CARERS :** |  |
| **IF YOU HAVE NOT SHARED THE REPORT WITH EITHER THE CHILD/YOUNG PERSON OR THE PARENTS/CARERS, PLEASE STATE THE REASONS WHY CONSIDERING WORKING TOGETHER 2018:** | |
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**SECTION 3 – MAIN REPORT (Please complete as much of the form as possible)**

**CHRONOLOGY OF SIGNIFICANT EVENTS/CONTACTS WITH THE SERVICE**

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| **DATE** | **SIGNIFICANT EVENTS/CONTACT** |
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**CHILD'S DEVELOPMENTAL NEEDS**

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| **AN ASSESSMENT OF THE IMPACT ON THE CHILD(REN)'S DEVELOPMENT, HEALTH, EDUCATION, BEHAVIOUR, IDENTITY, RELATIONSHIPS, SELF CARE, SELF ESTEEM AND INDEPENDENCE, INCLUDING HOW  THE CHILD(REN) PRESENT TO AGENCIES INVOLVED WITH THE FAMILY?** |
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**PARENTING CAPACITY**

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| **AN ASSESSMENT OF THE PARENTING CAPACITY E.G. BASIC CARE, SAFETY AND PROTECTION, EMOTIONAL, WARMTH**  **PLEASE COMMENT ON PARENTAL/CARER CAPACITY TO CHANGE (TAKING INTO ACCOUNT HISTORICAL INFORMATION AND HOW THEY HAVE RESPONDED SO FAR TO CONCERNS RAISED)** |
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**FAMILY & ENVIRONMENT**

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| **AN ASSESSMENT OF FAMILY & ENVIRONMENT HISTORY, FUNCTIONING AND WELL BEING, WIDER FAMILY, HOUSING, EMPLOYMENT AND FINANCIAL CONSIDERATIONS** |
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| **RISK ANALYSIS:**  **PLEASE HIGHLIGHT WHAT THE UNDERLYING AND HIGH RISK INDICATORS ARE, HOW THEY AFFECT PARENTING CAPACITY, WHAT THE IMPACT IS ON THE CHILD AND IDENTIFY ANY PROTECTIVE FACTORS PRESENT.**  **PLEASE COMMENT ON PARENTAL CAPACITY TO CHANGE, WITH REFERENCE TO HISTORICAL INVOLVEMENT** |
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| **AGENCY ANALYSIS & CONCLUSION:**  **DRAWING TOGETHER ALL THE INFORMATION REGARDING, HISTORICAL INFORMATION, ANALYSIS OF RISK, PARENTAL CAPACITY TO CHANGE, IMPACT ON THE CHILD(REN) AND THEIR VIEWS.**  **PLEASE GIVE A VIEW AS TO WHETHER THE CHILDREN ARE LIKELY TO OR ARE SUFFERING SIGNIFICANT HARM AND WHY.**  **PLEASE STATE WHAT THE LIKELIHOOD OF THIS IS FOR EACH RISK FACTOR AND BE CLEAR ABOUT WHICH RISK FACTORS NEED TO BE REDUCED OR REMOVED IN PRIORITY ORDER. PLEASE BE CLEAR AS TO WHAT COULD HAPPEN IF THE REMOVAL OR REDUCTION OF THESE RISKS IS NOT ACHIEVED** |
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**SECTION 4: YOUNG PERSON & PARENTS VIEWS**

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| **CHILD'S/YOUNG PERSON'S VOICE:**  **THE CHILD'S WISHES AND FEELINGS AND THEIR UNDERSTANDING OF WHAT IS HAPPENING WITHIN THEIR FAMILY ENVIRONMENT. DOES THE CHILD KNOW OR UNDERSTAND WHAT THE RISK FACTORS ARE? DO THEY HAVE ANY KEEP SAFE STRATEGIES THEY EMPLOY? HOW DOES THE CHILD THINK THE SITUATION AT HOME COULD BE IMPROVED?** |
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| **PARENT'S/CARER'S VIEWS:** |
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**SIGNED ……………………………………………………………………………………………………. DATE: --/--/--**

**I……………………, (name)    ………………………..(role)believes the facts stated within this report prepared for the child protection conference/core group/pre proceedings meeting held on…………..in relation to ……………….are true and I understand they may be placed before the court at a future date.**

**It is your responsibility to ensure that your report is shared with the family prior to the ICPC. The contents of the report should be explained and discussed with the child and relevant family members in advance of the conference itself, in the preferred language(s) of the child and family members.**

**If your report is not shared with family prior to the ICPC please ensure you bring an additional copy to share with the family at the ICPC as Children's Social Care will not be responsible for sharing external agency reports.**

**Please ensure you follow your agencies procedures for sharing information securely in accordance with GDPR.**

**Contributors should send a written report electronically using secure email to:** [**cpadminteam@lancashire.gov.uk**](mailto:cpadminteam@lancashire.gov.uk) **48 hours prior to the Conference.**