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 **Multi-agency Initial Child Protection Conference Report:**

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| **Date of Meeting** |
| Click here to enter a date. |

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| **Type of Meeting: ICPC Conference** |
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| **Name, Agency and Agency address of Person Writing Report** |
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| **Details of the Child or Young Person (other children in the family to be considered):** |
| **Name & ID Number:** | **Name & ID Number:**  | **Name & ID Number:**  |
| **Date of Birth:**Click here to enter a date. | **Date of Birth:**Click here to enter a date. | **Date of Birth:**Click here to enter a date. |
| **Address:** |

**Will you be attending conference? Y/N**

**Chronology of Significant Events known to your agency**

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| **Date:** | **Significant Event:** | **Outcome:** |
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| **THIS IS A MANDATORY FIELD, PLEASE COMPLETE.****Environmental/ Wider Family:**  **Are aware of any issues with**

|  |  |
| --- | --- |
| Housing  | [ ]  Yes [ ]  No Details:       |
| Diversity  | [ ]  Yes [ ]  No Details:       |
| Extended family | [ ]  Yes [ ]  No Details:       |
| Other | [ ]  Yes [ ]  No Details:       |

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**Initial Child Protection Conference**

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| What is your involvement with this family and do your records indicate any previous history of child protection concerns(*including any information relating to domestic abuse, parental mental health, parental substance misuse or parental learning difficulty)* |

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| **THIS IS A MANDATORY FIELD, PLEASE COMPLETE.****Summary and analysis:** **What are your worries?****What are the positives?****Please include a clear analysis of the issues of risk:** **What does this mean for the child/young person and how the risk(s) impact on the child/young person?****What may happen if the risk(s) is not addressed?** |

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| Plan *(What can your agency offer the family to keep the child/young person safe and meet their needs)* |
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| Has this been discussed with the child/young person’s parents?  |
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| **YES/NO****If No reason required:** |

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| **THIS IS A MANDATORY FIELD, PLEASE COMPLETE.****Does the report contain some information that may harm the child/young person or family?****If so, you can discuss with the CP Chair.****Y** **[ ]  or N** **[ ]  Details:**       |

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| **THIS IS A MANDATORY FIELD, PLEASE COMPLETE.****Are you aware of the child’s/young person’s views in relation to the worries, which could be shared at the conference?****Y** **[ ]  or N** **[ ]  Details:**       |

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| **Name** |
|       |
| **Signature** |
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| **Date:** Click here to enter a date. |
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