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 **Multi-agency 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/Review 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**

NB: Please only complete the boxes where you have relevant information to share

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

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| **Date:** | **Significant Event:** | **Outcome:** |
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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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| Do you have any current concerns about this child’s developmental or health needs and the capacity of the parents to meet the needs of their child within their family and environmental context and/or evidence of strengths within this family in meeting the needs of their child? |
| What are we worried about? | What’s working well |

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| What needs to change to keep the child safe  |
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| Plan *(What can your agency do to support the family to keep the child safe and meet their needs)* |
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**Review Conference:**

**Updated Chronology since last conference:**

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| **Date:** | **Significant Event:** | **Outcome:** |
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| What progress has been made towards safety since the ICPC or previous review conference? |
| What are we worried about? | What’s working well? |
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| Plan:What still needs to be done to further reduce risk to a level where there is no need for a child protection plan and what can your agency contribute? |
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| Has this been discussed with the child’s parents?  |
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| **YES/NO** |

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