**Multi Agency Report for Initial Child Protection Conferences**

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| Conference date |  | Chairperson: |  |
| Venue: |  | | |
| Name of child/ren |  | Date of birth |  |
| NHS number, if know |  | | |

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| **Agency details** | | | |
| Name of worker: |  | Date of report: |  |
| Agency: |  | Role: |  |

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| Family details | | | | |
| Name | DOB/EDD | Gender | Relationship to child | Living in household |
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| Child and Family History (What involvement have you and your service had with the child and their family?) |
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| Family strengths/ Protective factors (What is going well for the child?) for instance include whether children have positive friendships and peer networks, children doing well in school, adult mentors outside of family household, supportive wider family. |
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| Danger/Risks (What do you consider is placing the child at risk of significant harm? What is making the situation more complicated for the child?) Think about frequency, severity, immediacy, likelihood, and impact on the child. |
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| What do you think needs to happen for you to be less worried about the child/ children? |
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| Signature (person completing the form) |  | Date |  |
| Every effort should be made to share this report with those with parental responsibility. Where this has not been possible, please state reason why |  | | |
| Have those with parental responsibility viewed or seen the report? |  | | |
| Please email this form at least one working day before the ICPC to:  [ChildProtectionConferencing@BirminghamChildrensTrust.co.uk](mailto:ChildProtectionConferencing@BirminghamChildrensTrust.co.uk)  Any other queries please contact 0121 303 7557 | | | |