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**Derby and Derbyshire Safeguarding Children Boards’**

**Multi-agency report for Initial Child Protection Conference (ICPC)**

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| **Name/job title of professional completing report:** |       |
| **Agency:** |       |
| **Workplace address, including postcode:** |       |
| **Phone number:** |       | **Email:** |       |
| **Name/job title of manager:** |       | **Email:** |       |
| **Signature:** |       | **Date:** |       |
| **Date of conference:** |       |

**Child/children’s details, including any unborn children** (For any unborn children please insert the mother’s NHS number, when born update the form with child’s own NHS number)

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| **Name of child/young person:** |       | **Nursery/School and DfE No:** |       |
| **EDD/DOB** | **Gender** | **NHS No.** | **Ethnicity** | **Disabilities** | **Religion** |
|       | Female [ ]  Male [ ]  |       |       |       |       |
| **Name of child/young person:** |       | **Nursery/School and DfE No:** |       |
| **EDD/DOB** | **Gender** | **NHS No.** | **Ethnicity** | **Disabilities** | **Religion** |
|       | Female [ ]  Male [ ]  |       |       |       |       |
| **Name of child/young person:** |       | **Nursery/School and DfE No:** |       |
| **EDD/DOB** | **Gender** | **NHS No.** | **Ethnicity** | **Disabilities** | **Religion** |
|       | Female [ ]  Male [ ]  |       |       |       |       |
| **Name of child/young person:** |       | **Nursery/School and DfE No:** |       |
| **EDD/DOB** | **Gender** | **NHS No.** | **Ethnicity** | **Disabilities** | **Religion** |
|       | Female [ ]  Male [ ]  |       |       |       |       |
| **Name of child/young person:** |       | **Nursery/School and DfE No:** |       |
| **EDD/DOB** | **Gender** | **NHS No.** | **Ethnicity** | **Disabilities** | **Religion** |
|       | Female [ ]  Male [ ]  |       |       |       |       |

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| **Family home address, including postcode:** |
|       |
| **Phone number:** |       |

**Parent/carers details**

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| --- | --- | --- | --- | --- |
| **Parent/carer name** | **DOB** | **Address, if different from the above**  | **Phone number** | **Relationship to child/children** |
|       |       |       |       |       |
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**Details of significant others living or not living in the household**

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| **Name** | **DOB** | **Address, if different and phone number** | **Relationship to child/children** |
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**Key Information for the Initial Child Protection Case Conference**

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| 1. **Your involvement with the unborn/child/children/family** (Contact/services/interventions with child/parents/ family, length of agency involvement, level of engagement, attendance)
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**Strengths/Resilience/Safety**

Consider what life is like for each child in this family. Consider the unborn baby’s/child’s needs, how parents look after the child/children, family relationships, culture, home, community and support networks. Relevant current and/or historical issues i.e. domestic violence, drug/alcohol misuse, mental health issues.

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| 1. **What has been/is working well?**
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| **Child/children:**       |
| **Parents/carers:**       |

**Threats/Risks**

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| 1. **What have you been worried about?**
 |
| **Child/children:**       |
| **Parents/carers:**       |

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| 1. **Child’s individual wishes and feelings** (Consider what you have observed and/or what the child has told you. What is their understanding about what’s happening to them and why they think agencies are involved? What would they like to see changed?)
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**ANALYSIS**

**Impact**

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| 1. **What has been the impact of the above on the unborn/child/children?** (Consider what has been harmful or potentially harmful and how this impacts on each individual child. Also consider the child and family’s strengths)
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**Opportunity**

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| 1. **What now needs to change?** (Re-consider the identified or possible risks identified above. Think change within each child’s time frames and the potential for change)
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| 1. **What will good look like?** (How will you know things are improving for the unborn/child/children? What will be different, what will we see? How will everyone (including the child) be working together and know what is happening?
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|       |

**Partnership/Planning**

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| 1. **What role will you play to improve the outcomes for the unborn/child/children?**
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|       |
| **What are the unborn/ child/children’s needs?** (Desired outcomes) | **How will we meet them?** (Be concrete and specific) | **Who will do it?** (Family member, extended family, professional, other) | **When will this be done?** (Remember child’s timeframes) |
|       |       |       |       |
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| **What are your fears if the agreed actions are not completed and things don’t improve for the unborn/child/children?**       |

**Participation**

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| 1. **With whom have you shared your report? If not shared, why not?**
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|       |
| **Where appropriate, child/young person’s comment on report and recommendations:**       |
| **Parents/carers comment on report and recommendations:**       |

**END**