Adult Agency Report for Child Protection Conference

To be completed by agencies who work directly with parents/family members but have little if any direct contact with the child(ren)

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| **Agency Name** |  |
| **Professional’s Name** |  |
| **Role/Job Title** |  |
| **Address** |  |
| **Phone Number** |  |
| **Email address** |  |

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| **Date of Conference** |  |

**Details of Children**

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| **Children’s Name** | **Gender** | **DOB** | **Is your agency working with this child?** | **Date you last saw/had contact with this child?** |
|  |  |  | Y/N |  |
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**Details of Parents, Carers, Significant Family Members, other Household Members**

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| **Name** | **DOB** | **Relationship to children** | **Is your agency working with this family member?** | **Date you last saw/had contact with this family member?** |
|  |  |  | Y/N |  |
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| **If attending an Review Child Protection Conference please provide an update from actions assigned to you/your agency at the previous meeting** |
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| **Overview of your agency’s involvement with the family:** |
| Provide details of the service being offered, length of your involvement, desired outcomes from your intervention, progress to date, and any other relevant information. |
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| **Please comment on attendance/engagement with your service** |
| Provide details of appointments offered, un/attended, cancelled etc, general communication and information sharing between the family and your service, |
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| **What is working well for this parent/family member?** |
| Provide information of strengths, resilience, protective factors, harm reduction factors |
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| **What are you worried about for this parent/family member?** |
| Provide details of any current concerns for this adult, risk of harm they pose to others, impact of these worries on their parenting capacity |
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| **Other issues which may impact on the parent/family member’s ability to provide safety for the child(ren)?** |
| Provide information about wider factors which may impact on achieving safety for child(ren) in the care of this adult or make reducing harm more difficult |
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| **Consideration of any needs arising from issues of race, ethnicity, culture, religion, gender, sexual identity etc?** |
| How do [Social GRACES](https://www.basw.co.uk/media/news/2020/jul/social-graces-practical-tool-address-inequality) influence your approach to working with the parent/family member, and impact their day to day experiences? |
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| **What can your service do to reduce harm to this child(ren) through intervention with their parent/family member?** |
| What actions can you service take to reduce the worries for this adult and risk posed to others including children? |
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| **What would reduce your worries for this parent/family member?** |
| What do you think needs to change for you to feel assured that this adult can provide safe care to the child(ren), and any risk of harm to others they pose has reduced? |
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| **Date this report was shared and discussed with the parent/family member** |
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| **What was the parent/family member’s feedback to you on the information contained in this report?** |
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| **Signature of person completing this report** |  |
| **Date Report Completed** |  |

**Once completed please email to** [**hackneycypsreports@hackney.gov.uk**](mailto:hackneycypsreports@hackney.gov.uk)

**Reports must be submitted 3 days prior to an Initial Child Protection Conference and 5 days prior to a Review Child Protection Conference**