

## Child Agency Report for Child Protection Conference

To be completed by agencies who have direct contact with the child(ren) or the main focus of the work is to improve outcomes for the child(ren)

Agency Name	
Professional's Name	
Role/Job Title	
Address	
Phone Number	
Email address	

Date of Conference	
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### Details of Children

Children's Name	Gender	DOB	Is your agency working with this child?	Date you last saw/had contact with this child?
			Y/N	

### Details of Parents, Carers, Significant Family Members, other Household Members

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	

If attending an Review Child Protection Conference please provide an update from actions assigned to you/your agency at the previous meeting [Take any allocated actions from the Plan, copy and paste into this box and provide a written update]

#### Example 1

1. School Nurse to see Adam for a health assessment within 4 weeks - this was completed on 07/03/22. It was identified at the assessment that Adam required an audiologist



appointment as he reported struggling to hear instructions in class. Father was contacted on 10/03/22 and gave consent for this referral. Referral was made on 15/03/22. No other health needs were identified from the health assessment.

**Example 2**

2. School to review positive behaviour plan and techniques for supporting Leyla to remain in the classroom within 2 weeks. A meeting was held at school with mother, Leyla's Teaching Assistant Ms Bland, the classroom Teacher Ms Solarin, and Leyla's play therapist Ms Ngogo on 20/04/22. It was agreed that a card system would be implemented with Leyla so she can help us identify when she is starting to feel overwhelmed. If Leyla shows a green card she will continue with the main classroom activity, when Leyla shows an orange card she will either take herself or be supported to spend some quiet time in the reading circle, if Leyla shows the red card she will be able to leave the classroom and go to the waiting area next to the staff room. Leyla can also show the two people card if she would like Ms Bland to remain with her during these times. This plan was fed back to father in a phone call by Ms Solarin on 21/04/22 as he was unable to attend the meeting due to work commitments. It was agreed that a weekly report will be shared with both parents about how often Leyla is using each of the cards, how this is impacting on her time in the classroom, and any specific triggers identified through this. There will be a reward system in place for Leyla in relation to house points for positive self use of the cards and any increase in time spent in the main classroom. Leyla is motivated to increase her own house points and that of the whole class.

**Overview of your agency's involvement with the child(ren):**

Provide details of the service being offered, length of your involvement, desired outcomes from your intervention, progress to date, and any other relevant information.

Considerations specific for educational professionals; to include the following: the child's academic performance and progress in learning; school attendance and punctuality; special educational needs that are being met or should be addressed; comments on relationships with the child's peer group and staff; behaviour including details of any exclusions.

Specific for health professionals: Frequency of contact; Summary of main health needs; Interventions provided (referrals, prescriptions etc) or planned including compliance with this; Consider over use of emergency appointments both within primary and secondary care; Does child attend with an appropriate adult; Level of engagement – is there a pattern of non-engagement to meet health needs or for routine care

For all professionals, consider the following and include in this section: the child's emotional development and well-being; physical development and presentation; child's relationship with their parent/carers

**Example 1**

The Youth Hub has known the family since mother Tatiana herself was a teenager, 1999. Javon attends the Youth Hub approximately once a week, usually on a Friday when the music studio is

open. Although he may also attend another day in the week. He has been regularly attending for about 2 years. Javon usually arrives alone but has a number of friends at the hub, he is able to walk to the hub but can be reluctant to leave when the session finishes. Javon often wants food when he is at a session and there have been some disagreements with peers, when they have felt he is pressuring them to share their snacks. Javon can struggle to manage these disagreements and needs support from staff members to help him calm down, and repair relationships with his peers. It is thought Javin feels quite ashamed when his friends make comments about him 'not being fed' or 'always wearing the same clothes'. Work has been done, and will continue, with the group around being respectful to each other.

We will continue to offer support to Javon in relation to managing friendships and socialising in a group context, and are supporting him with his interest in music and are encouraging him to complete an accredited course in this which would give him a certificate. I would also like Javon to be able to access the free trips that are offered during the school holidays, whilst Javon has said he is interested in these the consent slips are not signed and returned so he has never participated in one to date. I'm not sure if Tatiana receives these forms to sign? We can also provide lunch on these trips if this is a potential barrier. I also feel it would be beneficial for Javon to take part in one of our cookery courses, as this would give him life skills but also provide an opportunity for him to share food with his peers and potentially his family, if Javon and Tatiana agree. Our services will be open to Javon for as long as he wishes to engage in them.

#### Example 2

Frederique has just been referred to our dietician service within the last month ( May 2022), the referral came from the GP with father, Mr Lopez's, consent. The referral is in relation to Frederique's weight with his BMI at 27 putting him in 97th percentile which is considered obese. An initial introductory meeting was held with Mr Lopez and Frederique on 05/11/21 it was agreed that for the next 4 weeks they would keep a food diary of everything that Frederique eats. Mr Lopez agreed to notify Frederique's school so that they can also support with this. Mr Lopez also advised that he had bought a pedometer for Frederique and will provide information from this in relation to Frederique's exercise at our next meeting which will take place on 08/12/21.

Once we have a clearer understanding of Frederique's diet and exercise we will offer strategies to reduce weight through healthy eating and exercise. This will be alongside ongoing blood tests for any medical conditions which might be impacting on weight gain/loss. Monthly appointments will be offered, with initial requests for weekly weighing, should improvements be seen and maintained appointments and weighing can be reduced.

#### **Please comment on attendance/engagement with your service**

Provide details of appointments offered, un/attended, cancelled etc, general communication and information sharing between the child/family and your service. **Be specific about appointments**

offered by your service/how the child and family make use of your service, what the strengths or challenges are in communicating with the parent(s)

#### Example 1

Shamilla was referred to the specialist orthodontist team on 31/08/21 in relation to requiring the removal of 8 teeth which would require treatment at the hospital. A letter was sent to the family on 09/09/21 offering an appointment on 01/10/21, no response was received to the letter. A phone call was made to mother Glenda (07715 316249) on 20/09/21 and 25/09/21 neither call was answered; an automated text message was sent requesting confirmation of attendance at the appointment. No response was received and the appointment was not attended

At the Core Group meeting on 08/10/21 it was confirmed that Glenda had changed her phone number and the updated number was provided and health records updated. Glenda advised that she received no letter, although the address was checked and confirmed as correct. Amber the social worker advised that Glenda has some struggles with reading and with Glenda's consent it was agreed that any letters sent would also be emailed to Amber so she could support Glenda at home visits to respond. Following this an appointment was able to be confirmed for 23/11/21 which was attended and Shamilla successfully had her teeth removed. After the surgery Shamilla was tearful and Glenda was observed by the ward staff to be comforting and empathetic toward Shamilla, however she also offered her sweets as a reward for being brave.

There will now be follow up appointments held every 6 weeks to check on progress and recovery, these will also provide advice on oral hygiene, good brushing techniques, and identification of foods more likely to cause cavities for both Shamilla and Glenda.

I have also fed back to the CCG issues in relation to being aware of and communicating with parents who have literacy challenges, as the system relies heavily on letters and automated text messages to communicate appointment times, which are not always accessible or understandable.

#### Example 2

Since Samuel was referred to the Speech and Language team on 19/06/22 I have struggled to engage with mother, Tanya. I made an introductory phone call on 20/06/22 Tanya answered the phone but stated that she was out shopping so wasn't able to talk. I asked if there was a good time to call back and Tanya advised to call later. I tried to call later the same day at approximately 4.25pm but there was no answer. Further calls were made to Tanya on the 25, 28, 30/06/22 none of the calls were answered and I left a voicemail after the last call advising again who I was and why I would like to speak with her.

I posted some introductory information about the service and a specific group that I think might be useful for Samuel to attend on 25/06/22, providing my phone number and email address. I received no response. I tried further phone calls on 04, 10, 15/07/22, my call on 10/07/22 was answered but

I was not able to have a meaningful conversation with Tanya about the service and support available, as I was advised that she had poor phone signal and then the line went dead.

I emailed the social worker Brad on 15/07/22 to highlight the challenges of making contact and progressing offers of support. Brad agreed to discuss this with Tanya in his next home visit on 18/07/22. Following this it was suggested that I attend a home visit with Brad to speak with Tanya in person about the service and hopefully this will provide a way forward. This visit is scheduled to take place on 17/08/22 following the Review Child Protection Conference.

**What is working well for this child(ren)?**

Provide information of strengths, resilience, protective factors that have a positive effect on the child(ren)'s lives, actions taken by the family/parents which promote safety **This is in relation to your specific agency/area of involvement, or observations that you have specifically seen and can comment upon. Please do not use generic phrases such as 'the family is working with the social worker'**

#### Example 1.

Since the last Conference Whitney's attendance has improved from 34% to 62% which is a significant improvement. Clearly there remains a way to go but this is a really positive trajectory. When Whitney is in school there have been less isolation periods (8 in the period since that last Conference) and more time being taught in the main classroom. Whitney has responded very positively to the additional pastoral support from her Head of Year Mr Phillips and this will continue. Parents, Irene and Malachi have been proactive about attending the ongoing reintegration meetings (every 4 weeks), which has really helped Whitney see the school and her family working together and giving the same message. Malachi disagreed with some of our decisions around Whitney's reintegration plan and needed to take breaks from some meetings, but was generally able to rejoin the meetings (aside from one) which helped us agree actions and move things forward.

Irene and Malachi report that they do not see the same behaviour from Whitney in the home, in relation to rudeness towards them, or not following instructions and Whitney always reports feeling happy at home. Sharing of this information has helped us consider with Irene and Malachi what some of the triggers for Whitney might be at school, and how school staff can best support her when she is starting to feel upset or overwhelmed such as smaller group settings and consideration of a language processing assessment.

Whitney is also very focused on her singing and is very talented at this, she has reported taking part in local talent contests and events with the support of her parents and being successful in these. This is a real self-esteem boost to Whitney but I do wonder if some of the late nights impact on her school attendance.

Whitney has a small but close group of friends at school, they can have the usual teenage fall outs but show emotional maturity and the ability to make up afterwards. Whitney reports being close to her grandmother who lives locally and states she provides her with good advice and support. Whitney has also expressed an interest in art therapy which with Irene and Malachi's agreement we would like to offer to her.

#### Example 2.

Ariana and Sofia have had all their relevant immunisations to date and aside from the usual childhood illnesses have not presented to health services with any significant medical issues. From a health perspective they are progressing well and meeting all of their age expected developmental milestones. Mother, Adrienne is able to access health support appropriately, reportedly seeking advice from the pharmacist or 101 if needed.

Adrienne acknowledges that as a young woman she wants to continue to be able to socialise with friends. She has reported making plans in advance for her mother to look after the children if she is going to meet friends and drink alcohol. I have never experienced Adrienne to be under the



influence of any substance in my visits to the children, or at the clinic. When I see the girls with Adrienne they appear very comfortable and confident in her care, and actively go to her for comfort and reassurance.

**What are you worried about for this child(ren)?**

Provide details of any current concerns for the child, harm they are experiencing and impact of this in their short and long term development, observation or disclosures of the child(ren)'s day to day experiences, historic context which is relevant to your current worries **This is in relation to your specific agency area or more widely dependent on known risks, please include any relevant known links to research and theory which evidence the know impact on children in later life**



Example 1.

I am concerned that Alfie has already had 2 school moves by the age of 7 years as research shows that children with 2 or more school moves are more likely to not meet their academic potential, will have cumulative issues with relationship building, and are at increased risk of mental health issues. [<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0070601>]. Whilst Alfie's attendance is good his lateness is at 73% which impacts on his ability to settle in class and start his day in a positive way. Alfie is upset by arriving after the other children and often needs a lot of comforting to be able to settle into class. Which means he misses out on learning and has less time to complete the work, which again makes him upset. A lot of Alfie's day when he is late is taken up with trying to emotionally contain him as he is tearful and worried about not doing as well as other children.

I would like to be able to work with Alfie's mum, Chanelle, to think about ways in which we can support Alfie to be on time to school and enjoy a fun and productive school day more often. Unfortunately when this is raised with Chanelle she often takes this as a personal insult and criticism and is not able to think about solutions. I recognise that Chanelle has other younger children and meeting all their needs in a morning is a challenge.

Example 2.

I am worried that Sherise has been brought up in an environment where she has seen domestic abuse as a normal part of adult relationships. As a young person who is now seeking out her own relationships with peers and boyfriends, I am concerned that she will repeat the cycle of abuse as she believes that this is normal. Sherise sees control of her body, clothing, finances, phone and movements as a usual part of a relationship. In fact she sees this as what 'love' means that a man would be entitled to know who you speak to, where you go, and how you behave. Sherise has an abstract knowledge that this is not how relationships should or could be, but has not seen this as a reality for her mother or herself. Sherise can understand the wheel of control but not necessarily apply it to her own experiences.

<https://www.peaceoverviolence.org/iii-the-cycle-of-violence-and-power-and-control>

I am very worried that Sherise has voiced wanting to be a mother herself as this "keeps a man by your side" and sees little value in her own education and future as "I'll end up just like my mum"

**Other issues which may impact on the child(ren)'s safety?**

Provide information about wider factors which may impact on achieving safety for this child(ren) or make reducing harm more difficult; this includes complicating factors or other things which are still unclear at time of conference **When providing information you should take care to distinguish between fact, observation, allegation and opinion. When information is provided from another source, i.e. it is second or third hand, this should be made clear. Opinions should be substantiated by factual information wherever possible.**



The family's lack of long term housing remains a constant source of anxiety and puts barriers in the way of investing in anything as they may be moved, in their view "at any point".

It is not clear what role father, Mike, plays in Charlotte's life. At times he is present and at others not and the reasons for this are not clear to Charlotte or professionals. Charlotte would like to know when she is going to see her father.

There are conflicting reports in relation to domestic abuse and which parent is 'abusive or violent' to the other. It is also unclear whether the children are present when these incidents take place.

It is not clear if school non attendance is due to genuine sickness reasons.

**Consideration of any needs arising from issues of race, ethnicity, culture, religion, gender, sexual identity etc?**

How do [Social GRACES](#) influence your approach to working with the family/child, and impact their day to day experiences? **How do issues of race, class, sexuality, disability etc inform your work with the child/family, has your agency taken any proactive steps to remove barriers to accessing your services**

**Example 1.**

Mother Ola's complex health needs which impact on her ability to sleep at night, and her childcare responsibilities, we try to only offer appointments between midday and 2.30pm as otherwise she struggles to attend. Whilst this is somewhat limiting and may mean that appointments take longer to schedule, overall it means they are more likely to go ahead as planned than be postponed.

**Example 2.**

Following the distressing event where mother, Sharon was assaulted in her home by a contractor a clear warning has been placed on the family's record to indicate that Sharon would be given at least a week's notice of any need to attend the property. This provides time for her to arrange a support person to be present with her when the worker attends the home. Requests have also been made for female workers to attend where possible.

**Example 3.**

Demar has raised concerns about what he experiences as racism within the school setting. This has included the implementation of a no hats or head wear policy for all children, which he dislikes especially when he is conscious that his hair has not been recently cut/braided. Following this and other feedback the school has recently formed an anti-racist council run by student, they are collecting feedback from students about their experiences and will be reviewing all policies. Demar has been an active member of the council and is sharing his experiences and views in a proactive and positive way to support the school to develop anti-racist practice for all students.

**What would reduce your worries for this child(ren)?**

What would day to day life look like for this child(ren) for you to feel assured that they are not suffering or likely to suffer significant harm? **Reflect on what you already know about the day to day experience of the child, from your agency perspective what would safety look like for the child, how would you know this had been achieved?**

**Example 1.**

If Kaden was attending school regularly, at least 90% attendance or ideally above, this would be a big improvement and would provide routine and consistency for him which would support him to reach his education potential. I would like to see Kaden attending school in a uniform that is clean and well fitting, Kaden has some sudden growth spurts and at times is currently embarrassed when his uniform is too small for him. I would want Kaden to be attending school having eaten some breakfast or have access to a snack, as currently when he is hungry in class he becomes very distracted. I would know things had improved for Kaden if he was sleeping better each night as he had an appropriate place to sleep and was not worried about arguments between his parents and his mother potentially being hit. If Kaden was able to develop a trusting relationship with his new Young Hackney worker and felt he had safe adults he could talk to and share his worries with, I would feel happier for his emotional wellbeing and general safety. Also regular agreed time to spend with his grandmother would support routine, strengthen their relationship, and enable parents to have some free time.

**Example 2.**

In order to feel reassured about Adina's safety I would want to know that both parents are engaging with drug and alcohol services on a regular basis, at least every 2 weeks, and were being open and honest about their drug use which is verified by tests. I would feel happier about Adina's physical health if her vaccinations were up to date and her routine health visitor appointments were attended. I would like to see Adina being taken at least once a week to a community playgroup as this will support her social development and hopefully provide a network of support for mother, Charlene. I want father, Anthony, to complete the Better Father's programme to increase his confidence in parenting and engaging with Adina. I want Adina to live a life with parents who are not misusing substances, who are physically and emotionally available to her, able to meet her age-appropriate needs to support her development, and have support in the community to do this.

**What can your service do to reduce harm to this child(ren)?**

What actions can your service take to improve the day to day experience of this child(ren)?

The school is happy to offer a free breakfast club to Alfie if this would be of any support, or a buddy system with other families so taking children to school is a shared responsibility. We hope this would help Alfie to arrive at school on time more often.

We can offer a referral to a young parents group, and I can support father, Mark to attend the first session to settle in and be introduced to the workers who run the group.

I will escalate the need to review and update Kate's Education Health and Care Plan in the next week. I will also convene a meeting with Special Educational needs transport within 3 weeks to review the behavioural support plans in place to help get Kate to school without incident in the morning. School staff would also be willing to offer some training to transport escorts to help them better understand how to deescalate some of Kate's more challenging behaviours.

As the Domestic Abuse Intervention worker I will support Debbie to pursue a Non Molestation Order in relation to Jake. I will also refer the case to MARAC to be heard and the risk posed by Jake considered in a multi agency forum. I will also support Debbie to consider other safety options which can be applied to the home, and suggest at MARAC that the home be given high risk status for any Police calls.

**Date this report was shared and discussed with the family** It is not acceptable to not try and share the contents of the report with the parents, even if this is in a phone call. It is not the social workers responsibility to tell the parents what you are sharing with the network. Reports should be shared 3 working days before an ICPC and 5 working days before an RCPC

Shared with mother via email on 27/05/22 and asked if she wished to discuss no response was received. The school has no contact details for Mikel's father.

The report was shared with both parents in a home visit on 24/11/21, and discussed.

The report was sent via post to father on 04/06/22 and via email to mother on 05/06/22.

**What was the parent's and child's (if appropriate) feedback to you on the information contained in this report?**

No feedback was received from either parent.

When I met with the family, Matthew disagreed with the point I had made about Carly being the main parent that attends meetings at the school. Matthew advised that he does not receive communication about these meetings and so is not aware, if he was he would reschedule work arrangements to prioritise attendance. I checked school records and acknowledged that Matthew's mobile and email were not recorded and have now rectified this so he will also receive notifications in relation to Paige.

Mother, Jasmin, was not prepared to meet with me or talk to me about my report. In our last phone call on 09/09/21 Jasmin stated that my report was "a pack of lies and complete bullsh\*t" and that she "didn't want to see my face at the meeting".



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

