

**This is a composite report based on a number of cases, some of which has been altered to show how our team typically works with the families we see and so may not reflect an actual report that was submitted.**

## 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)

Agency Name	ELFT perinatal mental health team (PMHT)
Professional's Name	
Role/Job Title	
Address	
Phone Number	
Email address	

Date of Conference	
Date of report	

### Details of Children

Children's Name	Gender	DOB	Is your agency working with this child?	Date you last saw/had contact with this child?
XXXX	XXXX	XXXX	yes	
unborn	XXXX	XXXX	indirectly	

### 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?
XXXX	XXXX	mother	Yes	XXXXX
XXXX	XXXX	father	No	

### If attending an Review Child Protection Conference please provide an update from actions assigned to you/your agency at the previous meeting

In the previous ICPC meeting, concerns were identified regarding X's mental health and wellbeing and she was encouraged to engage with psychology and the wider PMHT.

X has been offered 10 sessions with myself, of which she attended 3 since our first contact. During our last contact we discussed potential barriers and concerns about engaging with psychology. We brainstormed how to support her to engage and explored specific thoughts that kept her from engaging (e.g. it's never going to help), while also discussing the limits of our service (i.e., to be able to benefit from psychological support she would need to engage and attend regular appointments). X found this conversation helpful and validating. We made a plan going forward that factored in logistical challenges (e.g. childcare) but also her own barriers to engaging. We agreed to give her some time for things to settle and that we would book in a session in a month to review in person how things are going and to make a plan going forward. X is aware that our team can also offer other types of support that may be more suitable at this time, such as peer support, which we can consider during the review.

X is navigating a number of stressful life experiences including living in a hostel with a young baby while also currently pregnant, CSC involvement, previous traumatic experiences, and a complex relationship with the father of her children and her own family of origin. While now might not be the right time for psychology considering all of these ongoing experiences, X has indicated an openness to considering it or alternative resources that our service can offer her.

**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.

X was referred to our service by her midwife when she was pregnant with her first child. The referral states that she was experiencing PTSD symptoms relating to her own traumatic experiences, in addition to feeling quite low and listless while also worrying and ruminating about what her baby's future would look like. She was offered and attended an assessment with my colleague, which identified the potential benefit of medication as X was identifying disturbed sleep and pervasive low mood. Following a medical review with one of our doctors she was prescribed sertraline, which X initially found unhelpful but after some time noticed that this helped her feel a bit better.

I met with X remotely to offer psychological support. We identified a number of goals she wanted to work towards, including 1) to support baby and be a 'good mum', 2) sleep better, 3) process her own trauma and manage PTSD related symptoms, and 4) become more confident socially. In our first session we discussed how the wider team could support her in her goals and referred X to our nursery nurses for when baby arrives to support her with baby care. We also referred to our occupational therapists to support X to engage with daily tasks and establish a routine for her and baby, which could also aide with improving sleep. Occupational therapy could also be a valuable resource to link X to activities that might boost X's confidence in social situations.

**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,

It has been clear that X has wanted support to help her manage some of the difficulties and complex emotions she has been feeling. However, as mentioned above it has been difficult for X to attend for various reasons including but not limited to the birth of her first child, becoming pregnant again, relationship difficulties, and the instability she experiences re housing.

**What is working well for this parent/family member?**

Provide information of strengths, resilience, protective factors, harm reduction factors

X is a resilient young woman who has navigated a number of adverse life events. It is clear that X wants to be a good mum and that she cares about her children. She is good at reaching out for support when she feels she needs it. While at times she has felt unable to share certain experiences with others, she has taken steps to explore who she shares things with, which is a testament to her courage and willingness to consider something different for herself. Furthermore, she has expressed an interest in connecting with other women who have been through similar experiences. She has recently expressed interest in re-engaging with psychology.

**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

X reported a history of emotional and physical abuse from family members, some of whom she is still in contact with. This could continue to pose not only a risk to X but also to her children.

X has reported difficulties in her relationship with the father of her children, including arguments and emotional abuse. She also describes experiencing financially controlling behaviour.

While X has expressed no concerns in our sessions around experiencing suicidal thoughts, there have been instances in the past when she experienced suicidal thoughts especially within the context of arguments with others, however this has not led X to taking any actions.

X does regularly smoke cannabis and has continued to smoke throughout her pregnancies as a way to self soothe. She has managed to reduce her intake significantly since first becoming pregnant with her eldest child. She was referred to Turning Point early on in her contact with our service and has engaged well with this service.

**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

X has expressed ambivalence around her romantic and family relationships, both wanting and not wanting to stay in contact with them. It is clear that her family can offer valuable support to X and her children, however it is also clear that they contribute to a significant portion of the distress that X experiences on a regular basis. Regarding her relationship with the father of her children, it is clear that there are patterns in the relationship that cause both parents to feel stuck in perpetuating certain ways of relating that can escalate into abusive behaviours. This effects X's mental health but could also effect the children in a number of ways.

**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 parent/family member, and impact their day to day experiences?

While we have not had sufficient time to explore this in depth, aspects of culture, ethnicity and religion have arisen that I would like to explore with X that are likely to be influencing how she is feeling. Furthermore, domestic abuse often contains aspects of gendered norms and expectations, which would be useful to explore with X within our service or within a specialist domestic abuse charity.

**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?

The perinatal service offers a range of parent-child interventions including video based interventions, parent-infant psychotherapy and nursery nurse input. We also offer individual psychology input that creates space to explore how personal and interpersonal patterns contribute to wellbeing and interpersonal interactions. Our team also includes a systemic psychotherapist who offers support to couples and families. Nursing and medical input is also available to consider the role of medication and to review mental state. We have recently also had a peer support worker and a social worker join our team, both of whom might be suitable to offer X support with her current experiences and the ongoing stressors in her life should she be open to engaging with them.

**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?

The children's safety needs to be kept in mind both from physical and emotional harm  
X's safety needs to be kept in mind from emotional, physical and financial harm  
X will likely benefit from individual therapy to support her wellbeing when she is ready. If for any

reason now is not the right time to engage with therapy, then peer support within our team or from another service like bump buddies, would be beneficial.  
X would benefit from support from domestic abuse charities to consider how her relationships have (and may continue) to affect her wellbeing. Support from our social worker may also support her in this area.  
X may benefit from couples counselling with her partner and/or family therapy with other members of her family.

**Date this report was shared and discussed with the parent/family member**

Xx/xx/xx

**What was the parent/family member's feedback to you on the information contained in this report?**

I was able to discuss this case with X briefly over the phone. There was nothing that she disagreed with or felt was a misrepresentation of her current situation.

<b>Signature of person completing this report</b>	XXX
<b>Date Report Completed</b>	XXX

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**