# Adult 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)

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| **Date of Conference** |  |
| **Type of Conference** | Initial/Review |
| **Family Surname** |  |
| **Date Report Completed** |  |

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

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| **Date this report was shared and discussed with the parent or family member:** |
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| **If not shared, please state why not:** |
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| **What was the parent or family member’s feedback to you on the information contained in this report?** |
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Please write the report based on your professional knowledge and understanding of the parent or family member. You must ensure all the relevant information from your agency or specialism is included, focusing on the impact this will have in relation to parenting capacity and safety for child(ren).

**Once completed please email to ??**

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

## Family Information

**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 a Review Child Protection Conference, please provide an update from actions assigned to you/your agency at the previous meeting** |
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## Involvement Overview

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| **Overview of your agency’s involvement with the parent/family member:**  |
| 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 parent or family member and your service,  |
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## Strengths and Safety

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| **What is working well for this parent or family member?**  |
| Provide information of strengths, resilience, protective factors, harm reduction factors. |
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## Risks and Complicating Factors

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| **What are you worried about for this parent or 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 and safety of child(ren) |
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| **Other issues which may impact on the parent or 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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## Anti-Racist Practice, Equality and Diversity

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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 or family member, and impact their day to day experiences? |
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## Risk Reduction and Actions

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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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**ALL AGENCIES ARE EXPECTED TO ATTEND THE CONFERENCE IN FULL. IF YOU CAN NOT ATTEND YOU MUST SEND A REPRESENTATIVE**