# LANCASHIRE COUNTY COUNCIL

**CHILDREN AND YOUNG PEOPLE DIRECTORATE**

**In the Matter of the Children Act 1989**

**ADULT WORKER REPORT – SPECIFY FUNCTION (mental health, recovery, domestic abuse)**

**Name of child/ren**: Name

Court case no: You can get this from the social worker or legal

Professionals Name: Your name

Work Address: Office base address

Role: Job role

Qualifications**:** Professional Qualifications.

I, NAME, JOB ROLE of Lancashire County Council Family Safeguarding Team, declare that the contents within this statement are true and I make it knowing it will be placed before the Court in respect of the care proceedings of NAME OF CHILD/REN.

Purpose of the report:

1. The report will clearly outline what support is currently being offered by NAME OF TEAM to NAME OF PARENT/CARER. The report will identify the support being offered, the identified strengths and progress, any worries and recommendations for further work/support.

Reason of referral and intended outcome:

1. Detail here why the referral was initially made, and what work was requested.
2. What did the adult hope to achieve? Did they highlight any barriers to the work being completed?

Sessions:

1. Detail here what sessions have been offered and the type of session. Also clearly detail the dates, whether the session was completed, or whether this didn't take place and highlight the reason. Example –
2. 1st September 2021 – Initial visit to meet the family with the social worker.
3. 7th September 2021 – Session completed with \*name of adult\* around \*area of work\*.
4. 14th September 2021 – Session cancelled due to \*name of adult\* being unwell.
5. 27th September 2021 – Session 2 completed with \*name of adult\* around \*area of work\*.

Identified strengths and progress:

1. Highlight in this section areas of understanding, progress and strengths of the adult. For example –
2. \*Name of adult\* has attended all arranged sessions and has been engaging within the sessions. They have also completed additional work set.
3. \*Name of adult\* has also contacted \*service\* which they were signposted too.
4. View around where they are on the Cycle of Change.

Identified worries:

1. Highlight any current worries in respect of the work that may not have been addressed yet, or where the adult may be struggling to understand/accept. For example –
2. \*Name of adult\* initially engaged, but since session 3 has cancelled 4 sessions.
3. Utilise the Cycle of Change to highlight where the adult might be. \*Name of adult\* is currently in relapse due to……..

Recommendations for further work:

1. What further sessions are remaining?
2. Is there a recommendation for therapy? (mental health)
3. Maybe the adult would benefit from further support from the freedom programme/another adult worker/other services outside of Family Safeguarding.

Signatures:

**All reports should be signed by the Adult Worker & their FS supervisor – whether that is the Team Manager or Consultant Social Worker.**

Name:

Role:

Date:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Role:

Date:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_