**Child Protection Conferences:**

**Guidance for Professionals**

**October 2020**





Cumbria believes that the best place for children to grow up in is within their families and networks, where they have the potential to care from the safely. We are committed to working in partnership with families to keep children safe, and utilise Signs of Safety as our approach to practice. Signs of Safety (SoS) is a strengths-based approach to working with families, and focuses on the strengths in the child’s network and the help that can be provided to the family by their network and professionals to increase safety. By using SoS, we have a common language to help all professionals involved with a family to assess the risk of harm and develop plans to promote the child’s safety. SoS stresses the importance of working alongside families to help them make positive changes, rather than imposing solutions on them. It is also essential that we keep our language straight forward and avoid using professional jargon, as this can be confusing for families and lead to less effective safety planning.

**From 1 December 2020, there will be a new child protection conference agenda introduced, which will bring practice further in line with Signs of Safety principles. This guidance is designed to support you in both preparing for, and attending, child protection conferences. The new agenda can be accessed via the CSPC website** [**here**](https://www.cumbriasafeguardingchildren.co.uk/lscb/about/cumbriasafeguardingchildrenpartnership.asp)**.**

**COVID-19 Working Arrangements**

**This guidance outlines the principles and processes of how conferences will be run. However, given the current working arrangements due to COVID-19, conference Chairs will be flexible in how the agenda is managed to take account of both running conferences via BT Conference Call and/or Microsoft Teams, but also individual family circumstances as a result of this.**

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| **PRINCIPLES OF CHILD PROTECTION CONFERENCES** |
| At conferences, you will notice:* More emphasis on **parental and network involvement** during conferences. There will be a shift away from ‘going round the table’ asking each professional to share what they’re worried about
* An expectation that we’ll all use **straightforward language** – sometimes this is harder than it sounds! Even everyday professional language, such as *neglect, domestic violence, significant harm a*nd so on, can be unfamiliar to families and makes it harder for them to understand what it is we’re worried about and what we’re asking of them. This can alienate them from the conversation and planning process, leading to lack of understanding, demotivation and subsequent lack of progress against the plan. The conference Chairs may give professionals reminders about language use during conference, as it is easy for us all to forget
* A focus on **existing strengths and safety**, and what the family are already doing well to keep the children safe. A key SoS principle is that change comes from building on what is already working well
* **Working in partnership with families** for them to come up with their own safety plan to show their children will be safe, rather than professionals imposing solutions on them that are service led. For all of us, sustainable change comes from within, not when it is imposed upon us
* **Families should be as prepared as possible** for conferences. We recognise that these can be daunting meetings for families, so they should not also be having to absorb a lot of information about their parenting and their children during it. There should be no surprises for them. Therefore, **it is essential that all professional reports are shared** with families in advance of the conference
* A focus on **‘pressure-testing’ safety plans** to know they are working, and strengthening them if not
* **Families’ naturally-occurring networks** being invited into conferences and core groups as critical partners in the safety plan, with an emphasis on gradually passing the safety plan over to the network to monitor and manage safety for the children.
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| **PROFESSIONAL REPORTS TO CHILD PROTECTION CONFERENCES** |
| In your report to the child protection conference (CPC), you are asked to contribute by giving a balance of information about what you consider to be the strengths in the family and your worries for the child/ren. It is expected that you will have spoken to the family about your concerns, so that it won’t come as a surprise to them when they are at the CPC. You are asked to comment on what the child and family’s wishes and feelings are, as well as your own views. **What is working well?**Consider all the things that are in place when things are working well for the child and family. Think about all the existing strengths and existing safety in the child’s family and network that provide safety, and protect the child from any potentially harmful experiences.**What are you worried about?**Consider actual or likely significant harm in relation to the individual child’s age and circumstances. When thinking about actual ‘past’ harm the child may have experienced, you should consider: the duration, frequency, context in which the harm takes place, the severity of the harm and what impact it has on the child’s health and wellbeing. When you are thinking about likely future danger to the child, you should consider how probable it is that ‘past’ harm will occur again and if it did, how serious that would be. Also consider any complicating factors, and ensure you don’t just list them as being harmful. Complicating factors are those things that make a situation more difficult to manage, but don’t necessarily directly cause harm to the child/ren.**What needs to change?** Consider what needs to change and what your agency can contribute to promote the signs of safety and to help keep the child safe in the future. This will inform the safety planning for the child at the CPC.  |

**CHILD PROTECTION AGENDA**

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| **BEFORE THE CONFERENCE** |
| * It is important that families are made as comfortable as possible before conferences start to support them to engage in the process as much as possible. In a meeting room setting, this would involve the conference Chair meeting with the family in the conference room, with the professionals entering the room after the Chair has done this. Given the current online nature of conferences, the Chair will manage this before the conference, possibly on an earlier day.
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| **FAMILY MAP** |
| * It is important a family map is done/considered at the beginning of a conference, as apart from placing families as the expert in their own situation at the start of the conference (therefore making it easier for them to participate throughout), it underlines the importance of their network in creating enough safety around the child for Children’s Services to no longer be involved
* Chairs will ensure parents really understand what the purpose of creating or developing the family map is, and that significant people to the parents and children should be included if they can offer something that will help keep the children safe, such as friends, neighbours, sports coaches, teachers and so on
* Although professionals may worry that someone in the family’s network is risky or a ‘bad influence’, dictating that the parents shouldn’t have contact with this person is likely to be ineffective and will affect positive working relationships. The reality is they are in the family’s network, so honest and open discussion needs to be encouraged as they may be able to offer something positive to support the parents, even if the Local Authority can’t support them having direct care of the child/ren
* Family map is used as a term as genogram is not understood by most people. Whilst family tree is more commonly understood, it can be too broad and include relatives who may not be part of the current safety network.
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| **Parents/carers views** |
| * Parents are asked early on in the conference *‘Why do you think we are worried about your child?’* This is so conference members are clear what the parents understand, even if they disagree with the worries
* It is important parents explain this in their own words, or they will be unable to make the link between the dangers, and what needs to happen to show that the child/ren will be safe in the future.
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| **Voice of the child(ren)**  |
| * It is essential that any direct work done with children has been linked to the worries and the reason for our involvement with the child/ren. If this is not clear, or has not been possible for reasons such as criminal investigations and so on, the Chair will dig into this and plans for undertaking this should be made. Without this direct link, we risk getting a ‘wish list’ which may be less helpful in terms of understanding the child’s lived experience
* Children need to understand why we are worried, as if they are to be involved in safety planning, they need to understand why there is a need for that plan. It is also important to know what children are aware of, what they may have overheard, what they are worrying about and what they have questions about. This will help shape the Words and Pictures explanation to them and enable their voices to inform safety planning
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| **Danger Statements and Safety goals** |
| * The social worker or family will read out the danger statements and safety goals and ask if everyone is happy with them. You will be asked what your current scaling scores are in relation to these, as this will provide a judgement across the lifetime of the case and should be reviewed each core group/CIN meeting/conference. The scaling should be individual to each family, and shouldn’t be linked to a threshold for a child protection plan
* Updates from professionals will be taken here, with **an emphasis on any new information to consider**. The conference Chair will dig deeper to establish how any new information shared impacts on the child. The focus is no longer on ‘going round the table’ and asking each professional to revisit their report, but having a conversation where parents/networks are empowered to do the majority of the talking/solution identification
* **What are the family’s goals in relation to the worries?** This is where real change will emerge to inform safety planning. Parents don’t necessarily need to admit/agree with the professional worries, but there needs to be a common agreement that we don’t want the children to be harmed again this way, or be harmed in the future
* **Do the danger statements need to be amended/added to?** It may be that on occasions, danger statements need to be amended slightly or new ones added should new worries emerge. These should not be done ‘by committee’ during a conference, but the social worker will need to ensure this is done with the family at the earliest opportunity. However, it is important any amendments don’t mean goalposts are continually shifted for families at conferences. *There needs to be a clear distinction on whether the behaviour is harmful or a complicating factor.* Danger statements are in relation to harm to children, not general worries which should be captured in complicating factors and won’t necessarily change the danger statements.
* **What do professionals need to see from the family to reduce/remove the concern about the child/ren?** Avoid emphasis on actions that are difficult to achieve or measure, and don’t actually create safety, e.g. *‘parents must understand/agree with professional worries’*. Avoid unrealistic professional expectations that hold parents to high standards that any of us may struggle with e.g. *‘parents will never argue in front of the children’* or *‘the children will be on time to school every day’*.
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| **The Safety Network** |
| * This is an area that requires some attention and focus during conference. Who is in the family’s safety network? Do professionals feel this is sufficient? What else can be done to help build the network? *‘But there is no network’* is not acceptable; support must be given to uncover or create a network around the family
* What can the network members do to support the family? Who in the network needs to know what about the worries? Anyone involved in direct care of the children needs to know all the worries. How will the network know what the triggers/stressors are to the worries emerging again or getting worse? This is critical for monitoring and testing the safety plan.
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| **Safety PLan** |
| * The plan should relate to the elements in the danger statements and safety goals, and only cover new worries if these are evidence-based (as opposed to speculative worries).
* The focus will be on how are parents and network going to keep the child/ren safe. How will both the family and professional network know? Do the network know what the red flags and triggers are to the danger? What are the everyday family rules that show the child/ren are safe? **Professionals need to avoid imposing these, as the greatest change will come from parents and networks coming up with their own safety plan rules.**
* The current safety plan should be reviewed - what has worked well? What has not worked well? What can we do more of to create more strengths/safety?
* It is important professionals avoid a ‘telling’ approach. If services are recommended, what is their role in achieving the Safety Goal? Do parents think the service would be useful in achieving the goal? Do parents understand why these services are being recommended? Do they have any options? If their engagement is considered essential by professionals, what is the contingency should parents not attend? If none, how essential is it really? How will you know their attendance has impacted on behaviour?
* Do conference members think the child/ren will be safe if the Safety Plan is fully implemented? If not, what else needs to be included in the plan? Focus should not just be on adding additional services. A scaling question may be used to assess how robust the plan is:

*’10 means that I am confident this plan will keep the child safe in relation to the dangers, and 0 means this does nothing to keep the child safe’** How will the Safety Plan be tested and monitored? It is important to note that monitoring here is *not* about the case staying open to social care for as long as possible because professionals remain anxious about the risk to the children. This is an active part of the plan, where networks assume greater responsibility for the implementation of the plan, and professionals are able to assess whether or not this ensures sufficient safety for the child
* Has the Safety Plan been reviewed by the network if the harm/danger has been present or increased? A plan should not be seen as having failed if there is an incident of some kind, but used as an opportunity to bring the network back together and make the plan more robust. Whilst acknowledging this can be anxious time for professionals, consideration should be given as to whether escalation through statutory processes is the only option, and if this in itself will actually create more safety.
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| **TIMELINE planning** |
| * The timeline sets out the anticipated safety planning journey, and when families can expect Children’s Services to no longer be involved if everything in the safety plan is fully implemented and all goes well. The Chair will lead on a discussion to start building the timeline and what will happen when, so everyone has a clear vision of how they will work together to bring together the final child-centred Safety Plan
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| **Contingency plan** |
| * Conference needs to consider what would tell professionals and the safety network that the plan isn’t working? Is there anything else which might prevent this plan from working? What is the contingency plan if things don’t change or get worse?
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| **Conference decision & Scaling** |
| * Using a safety scale, professionals will be asked to give their view on the situation today:

*’10 is I have no concerns about how the parents are caring for the child and at most all that is required is for some time limited support from professionals, and 0 is if nothing changes for the child in the care of the parents, we are certain that he/she will suffer harm or not get the care necessary to grow up safe and well’** It is fine for professionals to have different scores, as it is your analysis and rationale as to what extent the safety goals have been achieved that is the important thing. Progress along the scale is desirable as the CP process progresses, not keeping scores low to show that a CP plan or services are still needed, or to manage professional anxiety. Scaling should **not** be used as a threshold tool, and does not relate to any CSCP scaling tool
* You will be asked whether or not the threshold for a child protection plan has been met, and if so, what category of harm the situation fits under. The threshold for a child protection plan remains the same, and is based on whether or not professionals are satisfied the safety goals have been met. The threshold is:

*The conference should consider the following question when determining whether a child requires a multi-agency child protection plan:** *Has the child suffered significant harm? and*
* *Is the child likely to suffer significant harm in the future?*
* *The test for likelihood of suffering harm in the future should be that either:*
* *The child can be shown to have suffered maltreatment or impairment of health or development as a result of neglect or physical, emotional or sexual abuse, and professional judgement is that further ill-treatment or impairment is likely; or*
* *A professional judgement, substantiated by the findings of enquiries in this individual case or by research evidence, predicts that the child is likely to suffer maltreatment or the impairment of health and development as a result of neglect or physical, emotional or sexual abuse.*

*If a child is likely to suffer significant harm, then they will require multi-agency help and intervention delivered through a formal child protection plan*.***Discontinuing a CP plan:*** *The conference should use the same decision-making process to reach a judgement for when a protection plan is no longer needed. This includes situations where other multi-agency planning might need to replace a protection plan.* |