Manchester Safeguarding Children Board  
Professional Report for Child Protection Case Conference – Guidance  
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This guidance has been developed to support professionals who work across the multi-agency partnership in completing reports for Initial and Review Child Protection Conferences.

In March 2017 Child Protection Conferences started to be managed using the ‘Signs of Safety’ Framework (see MSB website for detailed guidance www.manchestersafeguardingboards.co.uk).

There is an expectation that professionals attending Child Protection Conferences will have a basic understanding of ‘Signs of Safety’ and that this will be reflected in the reports presented (see Appendix A).

Report completion and presenting details
This should clearly detail the name of the professional who has written the report. If the person who is attending the conference is not attending the conference this should be clearly stated. This may occur due to holiday, sickness etc. This information should detail clearly the organisation that you are employed by and also what your role is e.g., health visitor, probation officer.

Conference Details
Simply include the date, time, and venue of conference. This assists with the reviewing of records at a later date, avoids confusion and is a principle of good record keeping.

Children subject to Conference
There is a requirement to check the correct spelling and dates of birth of each child and to add any ‘other’ names the child is known by. It is crucial that basic details of the child and family are checked and recorded and this includes the child’s gender, date of birth, and ethnicity. The child’s first language should be included so that if interpreters are required provision is made.

The child’s disability should be clearly recorded. With the introduction of the Child Protection Information System (CPIS) there is a requirement to include the child’s NHS number. Failure to include this information could mean that vital information is not shared should a child attend an urgent care setting (Emergency Dept., Out of Hours service) in another part of the country.

GP Details
The GP name should be added and the contact details to be clear. The aim is to promote attendance and contribution by GPs to the Case Conference process, as they often hold information which will assist in the conference process.

Previous Child Protection Planning
It is important to record any previous child protection planning to ensure that the previous plan is reviewed to ascertain any changes in circumstances or to see whether the circumstances has
returned to that seen previously. This needs to include any child protection planning in other local authorities.

It is important that everyone currently involved in current child protection processes is fully aware of the history of what worked well or was a worry. The dates are important as this could indicate a significant long period of planning with limited improvements, or an overly short period of child protection planning.

**Address History**
Following the death of Victoria Climbie in 2004, Lord Laming’s recommendations were that professionals should regularly check the basics and this includes demographics. This will allow conference to review and analyse the impact on a child of changes of address. It also enables professionals to seek out information from colleagues in other areas of the country if required.

**Family Network**
There is a requirement as part of the Signs of Safety model that a genogram is completed. It may be that the service you work for has information regarding a person that has a very close link to the child and should be included. This should include people (who may not be family members) who care or come into contact with the child on a regular basis e.g. collect the child from school.

Further detail maybe required if that person has lived abroad. It may be possible that as part of the assessment contact is needed with agencies that work abroad to assist in the assessment – e.g. police or social care. It is important to have open conversations with the family about who is important in the child’s life.

**Legal/ Court Orders**
Learning from Serious Case Reviews has revealed that little has been known by agencies if court orders are in place. This may include a Non-Molestation Order, or a recent order that has been put in place which may be breached if the parents attend conference together. It may also include Child Arrangement Order or Special Guardianship Orders. This enables professionals to verify who has ‘parental responsibility’ for the child and where the child should be resident.

**Danger Statement**
The Danger Statement is a succinct statement which will demonstrate to the child and parents why and what the professionals are concerned about.

Danger Statements should be agreed by Professionals at the Family Network meeting prior to any Initial Child Protection Conference. Ideally there should be no more than 4 Danger Statements presented to conference. They will be reviewed at the conference to ensure they reflect what professionals are worried about and the impact on the child.

If new ‘worries’ emerge at a conference the Danger Statement can be amended to reflect new worries.

For example:
- It is possible that the child may have a significant health need which, if the situation for the child, does not change could become dangerous to the child. This may be a child with a
disability who is not taken for essential hospital appointments or is not given medication as prescribed and this is having a significant impact on their short or long term health.

- There may have been a number of incidents involving the Police where the child has been present and has witnessed frightening adult behaviours; or a significant adult may have police convictions which leads professionals to question if they should be having direct or on-going contact with children.
- The child’s presentation in school may be a worry; this may be coupled with poor school attendance, persistent lateness and the child may have disclosed they are unhappy or afraid.
- Parents may be presenting behaviours which are a concern to professionals due to alcohol/drug misuse, domestic abuse or mental health/learning difficulties.

Summary of past harm
This section requires a summary of any historical worries that you have had regarding this family together with how the concern could or has harmed the child. To assist, try to structure this section by focusing on one child at a time, the parents, the home environment, and family networks.

This needs to be a summary and not a chronology. This will be the information within professional records that increases your concerns. This could include information which you feel is significant to current child protection enquiries which in your view professionals need to be made aware of. For example; this could include mother’s previous misuse of drugs/alcohol, non-engagement with services. Past harm relating to non-school attendance, neglect or concerning criminal activity which is a child protection issue. It is important to be clear what exactly the historical concerns are and in what timeframe you are referring to.

What are we worried about now?
Like the section referring to ‘Past Harm’ this section needs to be succinct and using no jargon or professional terminology. This section should refer to what the current worries are from your service now; for every worry you identify it would help to say clearly how this worry could affect the children now, within the next few years and over the long term (into adulthood).

What is working well?
It is important to say what is working well and what has worked in the past with the family. As part of your assessment you may have identified with the family what has kept the child safe in the past.

Complicating Factors
This section needs to include information which makes the family life and parenting experience harder. An example of this could be factors such as poor housing and arrears to a housing association has prevented other housing providers being approached; or the parent has a learning difficulty.

Views of the children
This is a very important section. What has the child told you about what is life like for them at home? A range of resources could be used to assist in obtaining this information (Three Houses, Fairy and Wizard, Signs of Safety app). With babies or very young children you will need to include information about your assessment of attachment, bonding and how the child has presented.
For those with specific communication needs it is important that you document any communication assessments made. Think about what life would be like for that child.

**Observations of the children**
This section will detail your observations of each child. Again it is important to be clear about what has been seen and when. If the information has been obtained or shared by another service, it is expected that a service shares the information; however if this has not happened, the information source must be clearly documented.

**Views of the parents, carers or significant others**
Best practice is that reports should be shared with parents or carers and this section should include, in the parent’s words, what each parent feels about what has been raised.

**What needs to happen?**
This section needs to include information about how the worries and risk of harm can be reduced.

**Professional view about child protection planning and timescale for change (trajectory)**
This final section should include judgement you have formed as part of the records you have read and the assessment you have made about the current worries for this child. This should include whether you feel the child should have a child protection plan in place and what category.

In order to work within the ‘child’s timeframe’ it is essential that you include a proposed timescale for change. This means when you feel statutory intervention for the child/ren could cease.

**Scaling question**
You will be asked at conference to use a scale of 0-10; with 0 being the child is not safe, at immediate/imminent risk of harm and 10 being the child is safe and targeted intervention is not required.

As part of this scaling question you may be asked that if you feel this is a four what needs to change to make this a six?

**Conclusion**
At the end of the conference be prepared that you may be the first professional to be asked for your view about whether a child protection plan should be in place and the reasons for this.

If an agreement is reached that a child should be made the subject of a child protection plan, you will be asked to determine a primary category of abuse. If there a multiple categories these can be agreed in addition (see Appendix 2).
Appendix 1: Sign of Safety terminology

**Danger statements:** Who is worried, what are we worried will happen to these children if nothing changes and why are we worried. It need to be based on (the evidence of) past harm and complicating factors, not on catastrophic thinking and detail actual, as well as likely, possible impact (this is where research can be referenced). Good practise is that it should be no more than 4 danger statements, as if concerns are interlinked they should be covered within one statement. They should be written in a way that enables the family to clearly understand what the worries are.

**Safety Goals** are clear statements about what the parents/care givers will be doing in their care of the child to address the ‘Future Danger’. Safety goals are not attendance at services, they should detail a safe ‘preferred future’ / outcome / what safety will look like and represent the agency’s ‘bottom-line’ statements that must be addressed for the case to be able to be closed and there be no more worries.

**The Safety Plan:** This is split into a Family Plan (actions to be completed by the family and their network) and a Service Plan (actions to be completed by professionals working with the family and services identified to support the family).

The actions should:
- Be SMART (Specific, Measurable Achievable, Realistic and Time-bound) and directly related to the danger statements and safety goals.
- Have Rules/Actions that address particular stressors, triggers or issues.
- Detail the role and responsibility of each professional/family network member in relation to ensuring the safety of the child/young person including specification around the contact they have with the child/young person.
- Provide a trajectory/timescale for change, with clear and precise steps which include the behaviour you need to see to ensure the child’s safety and wellbeing and by when. This should also include when you expect the case to be stepped down to child in need/closed to children’s services.

**Scaling questions** are measures by which risk can be assessed and also how the success of an existing plan can be measured. As well as being asked to analyse level of risk, workers and family members should also explain the reasons why, identifying both strengths and worries.

**A Family Network Meeting**’s aim is for the family to come up with a plan of how they will address the danger statement and achieve the safety goal.

**Complicating Factor:** Actions and behaviours in and around the family, the child and by professionals that make it more difficult to solve danger or future abuse.

**Existing Safety:** Actions taken by parents, caring adults and children to make sure the child is safe when the danger is present.

**Existing Strengths:** People, plans and actions that contribute to a child’s well-being and plans about how a child will be made safe when the danger is present.
Physical Abuse
A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Neglect
The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:
- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.
It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Emotional Abuse
The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse
Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.