**Child Protection Conference screening form**

**Signs and Indicators of Abuse for need, harm and risk identification and decision making**

IROs are qualified social workers with at least five years’ experience, and who have acquired the right skills to carry out this role.

There is nothing more important than the safety and well-being of our children and young people. “*Children may often be able to overcome and even learn from single or moderate elements of need, harm or risk; but when factors accumulate, children’s capacity to survive rapidly diminishes* …” Newman and Blackburn 2002

A Child Protection Conference is a meeting between families and professionals which is held when there is concern about the safety of a child/ young person within a family.

**The purpose of a Conference is to:**

* Share information about a child/ young person’s health, safety and wellbeing
* Assess whether a child/ young person is suffering, or likely to suffer significant harm
* Identify the strengths within the family
* Identify any assistance needed by the family and professionals/agencies who might be able to provide this
* Identify changes needed (if any) in order to ensure the safety of the child/ young person, which will be written down and given to the parents
* Decide if the child/ young person needs to be subject to a Child Protection Plan.

**A Child Protection Conference does not make decisions about legal or court action, or about where children should live.**

Parents are invited to attend the Conference and actively participate. Parents may also bring someone as a supporter if they choose too. This can be another family member, a friend, or some other person of their choice.

**The following prompts are to be used at the QA Screening stage (see page2) and informed with a conversation, if required, with the social work manager.**

* **CPA if you answer Yes –** indicate what the need, harm or risk factor is to inform your analysis, planning and decision-making process
* **CPA if your answer No -** this indicates that there is no information and no evidence
* **CPA if you indicate unknown –** Do you need more information? If so, who is best to assist you? Do reports or information raise questions or uncertainties that requires further social work exploration and instead of the conference being convened/ partnership information to inform the assessment and decision making? Have we worked with the family to achieve change?)
* **Consider** if there are any additional gaps in knowledge identified?

This list is not exhaustive, and any “other” need, harm or risk element identified should be incorporated as part of the analysis of the case and informed by professional judgement. **CPA’s please note that decision making by the Social Worker teams will be in line with the Threshold document (information sharing and consent) and the Levels of Need descriptor (Level 4).**

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| **Signs that may indicate physical abuse** | |
| Physical indicators | Behaviour indicators |
| * Unexplained injuries or burns, particularly if they   are recurrent   * Untreated injuries or lingering injuries not   attended to   * Bruises and abrasions around the face,   particularly if they are recurring damage or  injury around the mouth   * Bilateral injuries such as two bruised eyes * Bruising to soft areas of the face e.g. cheeks * Bite marks * Burns or scalds (note the pattern and spread of   the injury e.g. cigarette burns)   * Weal suggesting beatings (for example an injury caused   by belt or a cane) | * Improbable excuses given to explain injuries * Refusal to discuss injuries * Admission of punishment that appears excessive * Shrinks from physical contact * Refusal/avoiding getting undressed for gym –   keeps arms and legs covered in hot weather   * Fears medical help * Self-harming behaviours * Aggression towards others * Over-compliant behaviour or a ‘watchful’   attitude   * Deterioration in schoolwork * Unexplained pattern of absences, which may   serve to hide bruises or other physical injuries   * Fears or is reluctant to return home or to have   parents contacted. |

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| **Signs that may indicate Emotional Abuse** | |
| Physical indicators | Behaviour indicators |
| * Delays in physical development e.g. milestones   delayed or underweight, lethargic (there may be  medical reasons for this, however, and medical  advice is essential)   * Self-mutilation. | * Delays in intellectual development * Over-reaction to mistakes * Continual self-depreciation * Sudden speech disorders * Social isolation – does not join in and has few   friends   * Extremes of compliance, passivity and/or   aggression/provocativeness   * Compulsive stealing e.g. other children packed   lunches   * Rocking, thumb sucking, hair twisting, etc. * Drug, alcohol or solvent abuse * Fear of parents being contacted. |

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| **Signs that may indicate Neglect** | |
| Physical indicators | Behaviour indicators |
| * Constant hunger * Poor personal hygiene * Constant tiredness * Inadequate clothing * Untreated medical problems. | * Social isolation – does not join in and has few   friends   * Low self-esteem * Frequent lateness or non-attendance at school      * Destructive tendencies * Poor relationships with peers * Compulsive stealing and scavenging * Rocking, hair twisting and thumb sucking etc. |

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| **Signs that may indicate sexual abuse** | |
| Physical indicators | Behaviour indicators |
| * ‘Love bites’ * Other bite marks * Signs of self-harming (e.g. deep scratches/cuts   on arms)   * Tiredness, lethargy * Pregnancy or sexually transmitted infections. | * Sudden changes in behaviour and school   performance   * Sexual awareness inappropriate to the child’s age   – shown for example in drawings, vocabulary,  games etc.   * Harmful sexual behaviour * Frequent public masturbation * Fear of undressing for games or activities * Tendency to cry easily * Regression to younger behaviour e.g. thumb   sucking, playing with discarded toys, acting like a  baby   * Depression and withdrawal. |

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| **Following review of the case, lived experiences of the child/ young person and discussions with the social worker and manager the decision is:**  **To Conference**  **Rationale by CPA based on need, harm and risk identified Levels of Need descriptor 4 (S47)**  **Not to Conference**  **Rationale by CPA based on need, harm and risk identified and Levels of Need descriptor 4 (S17/ S47):**  **Name of Child Protection Advisor:**  **Date:**  \*This document needs to be uploaded on the Child’s record on Mosaic  **Further reading to inform preparation before Conference:**  The [NSPCC](http://www.core-info.cardiff.ac.uk/?s=leaflets) have produced a series of excellent leaflets that focus on the recognition and investigation of suspected abuse/maltreatment.    **Current leaflets that are available to download are**:     * Head and spinal injuries in children. * Emotional neglect and emotional abuse in pre-school children. * Bruises on children. * Fractures in children. * Oral injuries and bites on children. * Thermal injuries on children.   Further information in relation to stages of development has been produced by [Research in Practice](http://www.rip.org.uk/frontline), which, although only covering up to 11 years of age, shows appropriate development stages for age groups and is geared towards frontline Social Workers. |

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| **Review / Contacts / References** |  |
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| Related internal policies, procedures, guidance: | IRO and CPA standards  Practice Standards – timeliness  S47 practice guidance  CIN practice guidance  Child and Family guidance  Visiting guidance  Early permanence  Pre-birth guidance  **Relevant guidance**  [**The Children Act 1989 guidance and regulations Volume 2: care planning, placement and case review, (2015)**](https://www.gov.uk/government/publications/children-act-1989-care-planning-placement-and-case-review)  [**Working Together to Safeguard Children, assessing need and providing help**](http://www.workingtogetheronline.co.uk/chapters/chapter_one.html) |
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