CHILD PROTECTION CONFERENCE PROCESS  
(Incorporating the Signs of Safety model)

1  Introduction

1.1  When concerns are substantiated and the child is judged to be continuing to, or be likely to, suffer significant harm local authority children’s social care should convene a child protection conference. The aim of the conference is to enable those professionals most involved with the child and family, and the family themselves, to assess all relevant information and plan how best to safeguard and promote the welfare of the child.

1.2  The role of the conference is to bring together the information and analysis of the child’s situation, in an inter-agency setting, and plan how best to safeguard and promote the welfare of the child. It is the responsibility of the conference to make recommendations on how agencies work together to safeguard the child in future. Conference tasks include:

- appointing a lead statutory body (either local authority children’s social care or NSPCC) and a lead social worker, who should be a qualified, experienced social worker and an employee of the lead statutory body;
- identifying membership of the core group of professionals and family members who will develop and implement the child protection plan;
- establishing timescales for meetings of the core group, production of a child protection plan and for child protection review meetings; and
- agreeing an outline child protection plan, with clear actions and timescales, including a clear sense of how much improvement is needed, by when, so that success can be judged clearly.

1.3  In line with the SoS model consultation for Children & Young People have been developed. The expectation will be that the consultation form will be completed with the child/young person by either the social worker or the child’s advocate prior to the Child Protection Conference. Whenever possible the relevant POCPR (Principal Officer Child Protection and Review) will join the social worker in meeting with the child/young person to ensure that their views are firmly embedded within the conference process.

1.4  The Cornwall and Isles of Scilly Safeguarding Board has endorsed the Signs of Safety approach within Child Protection Conferences.

2  Signs of Safety - Context

2.1  The signs of safety approach was developed by Steve Edwards and
Andrew Turnell in Western Australia in the 1990’s in collaboration with frontline child protection social workers. It involves professionals developing a shared language.

2.2 The signs of safety approach utilises ‘solution focused’ and ‘focused problem resolution’ brief therapy ideas and techniques. The model is derived from psychotherapy which is a ‘talking’ therapy. This means the focus of the model is on engaging the family and professionals in collaborative planning in order to identify and build safety rather than only trying to eliminate danger.

2.3 The approach is based on the culture of “appreciative inquiry around front line practice” (Turnell 2006). This refers to the process of asking the right questions and focussing on risks, dangers, strengths, protective behaviour and complicating factors.

2.4 The signs of safety process allows for the transparent, balanced and non-judgemental approach of analysing the information, therefore, facilitating clear and open communication between families and professionals whilst providing evidence based judgements and decisions.

2.5 Signs of Safety is underpinned by:

- Engagement – partnership approach focusing on building safety rather than trying to eliminate danger;
- Asking helpful questions so that it is evidence based and searches for detail;
- Organising and mapping information; and
- Collaborative planning – harnessing professional and family ideas and resources.

2.6 Principles:

- Specific about concerns for child’s safety;
- Presents evidence clearly so it can be appreciated by parents as well as professionals – less focus on completion of lengthy reports more focus on safety of child;
- Once risks are identified focus moves on to how to achieve safety and acknowledge strengths;
- Detailed examination of what safe parenting would like for a specific family and how it might be achieved;
- Learn what parents want, what their best hopes are;
- Focus is on child safety and views of the child;
- Focus is on successful rehabilitation and not just risk assessment.

3 Summary of the scope and benefits of the Signs of Safety process within Child Protection Conferences

3.1 The process has been developed from direct frontline child protection practice which seeks to create a more constructive culture around child protection, safeguarding and practice.

3.2 The process facilitates open communication between families and professionals and a clear opportunity to work in partnership addressing risk and identifying protective factors.
3.3 The process means that children and young people have their voices heard and are actively engaged in the assessment and safety planning process. It is hoped that this will widen the opportunity to increase the attendance and active participation of children, young people and their families in child protection conferences in making decisions that affect their lives.

3.4 The Child Protection multi-agency report format based on the signs of safety headings will be used at all Initial Child Protection/CSE Conferences to allow:

- Professionals to map their evidence/ judgements on the case and provide a clear risk analysis as part of their assessment;
- Professionals to record, reflect and analyse the information pertinent to the child protection/CSE conference;
- Parents/Carers in identifying what they see as the risks and protective factors within their family;
- the lived experience of the child: and
- where appropriate, the views of the child/ young person either through attendance at conference, via an Advocate and/or the social worker and/or other relevant professional.

3.5 The approach allows for greater collaboration and input from partner agencies involved in the child protection process, therefore, placing more of an emphasis on the participating professionals to be involved in the actual analysis of risk and protective factors during the conference.

3.6 All reports for initial child protection conference should be shared with the family (where it is deemed safe to do so) and the Chair of the Conference 3 days prior to the meeting to enable the family to have sight of the information and allow the Chair to prepare for the meeting.

3.7 The process allows for increased time to negotiate and formulate better quality, SMART Child Protection plans that all professionals and family members understand and implement.

3.8 The Signs of Safety model as a process offers the longer term scope of application to other aspects of social work and multi-agency intervention outside of the Child Protection Conference process, for example, within Child in Need planning; Looked After Children planning; assessments; strategy discussions and meetings; and supervision. By using the process holistically it is the anticipated outcome that there will be improvements across our interventions with children and families.
The signs of safety risk assessment process – A Turnell (2008)
4. Signs of Safety Tool

<table>
<thead>
<tr>
<th>What are we worried about?</th>
<th>What is working well?</th>
<th>What needs to happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harm (past) has suffered</td>
<td>Safety</td>
<td>To progress case and arrive at the safety goal</td>
</tr>
<tr>
<td></td>
<td>• Proven &amp; tested over time Proven &amp; tested to keep the child safe over time</td>
<td>i.e.:</td>
</tr>
<tr>
<td></td>
<td>Complicating Factors</td>
<td>Questions needing to be asked</td>
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<tr>
<td></td>
<td>• What behaviours (parent or child) are you aware of that may pose a risk (welfare &amp; safety)</td>
<td>Information needing to be found out or clarified</td>
</tr>
<tr>
<td></td>
<td>• What’s making this harder to deal with?</td>
<td>Services which the child/parent/carer believe would help them to address the worries (Danger Statement) and help them arrive at the safety goal</td>
</tr>
<tr>
<td></td>
<td>Strengths</td>
<td></td>
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<tr>
<td></td>
<td>• Assets, resources of family</td>
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</tbody>
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**Danger Statement**
Based on what’s already happened what are you worried will happen to the child if nothing changes?

**Safety Goal**
What would you need to see to be willing to close this case? Or not to have any more worries?

**Safety Planning**

**NOT a service plan**
4.1 In its basic form the signs of safety framework can be understood as containing four domains gathering evidence and building a rich picture of the child’s lived experience-

**What are we worried about? (Harm (past) has suffered and complicating factors)**

**What’s working well for the child and/or family? (Existing strengths and safety)**

**What needs to happen? (to progress the case and arrive at the safety goal?)**

**How safe is the child on a scale of 0 -10?**

(10= Child protection conference agencies being satisfied that there is enough safety to close the case and 0= Re-occurrence of abuse is certain.)

4.2 The SoS one page tool (see 4, page 5) can be used by:

- the social worker in mapping their evidence/ judgements on the case and in providing a clear risk analysis based on the evidence as part of their assessment;

- each agency representative within the conference in order to record, reflect and analyse the information explored at the child protection conference;

- the parents to assist them in identifying what they see as the risks and protective factors within their family; and

- where appropriate, the child/ young person in attendance at conference or gained via the social worker during the assessment process.

4.3 The multi-agency conference report template replicates the tool so all professionals should use statements focussing on specific, observable behaviours avoiding jargon, professionalised language or judgement loaded terms.

4.4 Safety scale – parents/carers and children/young people are asked first to say where they think the risks to the child places them on the scale. This highlights and challenges parental perception and is a powerful visual tool to provide to parents who are often in denial or over optimistic about their parenting. Agencies, when determining what type of plan is required are asked to rate the risks to the child on the scale and provide the rationale for their analysis. The social worker provides their analysis and rationale last. The rationale and analysis relating to the Safety scale is recorded in the conference minutes. Professionals should also state what they need to see change/happen in order to move their rating towards 10.

Scale:   0 (serious concerns about the safety of the child) – 10 (being totally safe)

4.5 Areas to consider in completing your analysis:

**KEY DANGER/HARM FACTORS: (reasons for initial conference; and**
relevant information indicating a possible or actual pattern or history of significant harm).

- Why has this conference been called;
- Evidence of past harm;
- Key facts about recent events or incidents which have brought the case over the ‘significant harm’ threshold;
- Other relevant child protection information indicating a possible or actual pattern or history of significant harm;
- The chair will ask other meeting participants to contribute here, e.g. the police representative where the key incidents of danger/harm have involved police; or medical staff where children have sustained documented injuries or there is medical evidence of assault(s).

**COMPLICATING FACTORS:** (What behaviours (parent or child) are you aware of that may pose a risk (welfare & safety) and what’s making this harder to deal with?)

- Parenting and environment which is of concern to professional perspectives;
- These are pieces of information which add to the overall picture of concerns, but which, if considered separately from the Danger/Harm factors, do not of themselves individually or together indicate significant harm;
- How does parental behaviour impact on the child and what will be the future harm if nothing changes?
- Contextual factors that may trigger danger and harm incidents, e.g. drug and alcohol abuse;
- Information about family members; and/or
- Abusive environments particularly, poverty; unemployment; housing and debt.

**PROTECTIVE FACTORS/STRENGTHS:** (factors that help child to be safer)

- Strengths are the positive equivalent of ‘complicating factors’ they help the situation to be safer but in themselves they do not bring about enough safety to counteract or address the ‘Danger/Harm’ factors;
- Safety factors are those that can be evidenced to have been sustained over time;
- Strengths and safety aspects of parenting and environment - consistent sobriety, where drunkenness has triggered the abuse or neglect previously;
- Successful completion of treatment programmes accompanied by prolonged absence of maltreatment and positive professional prognosis;
- ‘Seeds’ of future safety if they can be developed and brought to bear directly on the danger, e.g. a positive relationship between a child who has been sexually abused and a trusted, non-abusing adult within their family network.

**What needs to happen? (To progress case and arrive at the safety goal)**

- What are the next steps?
- Relevant matters or issues about which there is insufficient detailed information for conference members to attach risk value, making it difficult to record in one of the other sections.
- Areas for further information to complete assessment.
- Information which is in dispute as to its factual content.
- What needs to happen to keep the child safe?
- Who needs to do what and why and what is the intended outcome?
• How will progress be measured?
• What is the Family’s Safety Goal and Plan?
• Who might be part of the Child’s Safety Network?
• What do agencies need to see change to reduce the risks for the child?

December 2014
Appendix 1 – Example of a Family Safety Plan

Mum, Dad, son, daughter and maternal grandmother and paternal grandfather (specific names that the child uses will be used) have agreed that:

• We will work together to make our home safe;

• Drugs are not allowed in any of our homes;

• Mummy & Daddy will ask people who use drugs to leave our home;

• If Mummy wants to use drugs she will talk to dad, nanny, grampy, our social worker or mummy’s drug support worker;

• If any of the children are worried or scared s/he can talk to nanny, grampy, our teacher, our social worker, a Police Officer or any of the other adults who are part of our safety network;

• Our Social Worker will visit every week to speak to the children;

• Nanny, Grampy, Auntie S, Uncle P, Auntie J & S, our neighbour who are all part of our family safety network will take it in turn or visit our home every day to make sure we are all okay;

• If anyone is worried about any of the children they will talk to mummy & daddy to see if they need help; and

• Mummy & Daddy will review and update our Safety Plan every 4 weeks with our safety network but this will always be our Safety Plan.
Appendix 2 – What Needs to Happen?

Agency Goals - What will the agencies need to see change?

Mum and Dad - Personal Hygiene for family
• They need to have clean clothes (that should be washed when needed)
• Undergarments/ clothes that touch your skin should be changed daily.
• Other clothes to be washed weekly or when visibly dirty.
• Bathe/Wash body’s everyday
• Wash hair at least every second day
• Brush teeth a minimum of twice per day. We are looking for there not to be a constant odour.

Hygiene within the Home
• Need to meet with and let housing into your house to assess and offer support for clearing it out/cleaning up home. Mum will contact Housing officer by Friday 20th April 12.
• Need to get rid of stuff you do not use/ rubbish/ clothes need to be folded and put away.
• Rubbish needs to be put in the bin and emptied on bucket days.
• Empty all ashtrays regularly
• Dishes need to be washed daily
• Need clean bedding for all the beds including sheets, covers and pillowcases. These should be changed and washed at least every fortnight or immediately if one of the children soils the bed.
• Each child needs their own bed (charities can be applied to if required)
• Garden needs to be cleared
• Kitchen surfaces to be cleared and wiped daily and dishes done daily. Kitchen to be mopped twice per week.
• Floors to be mopped a minimum of once per week
• Carpets to be hoovered a minimum of once per week.
• Bathroom to be cleaned: surfaces wiped, floor mopped twice per week.
• Safety Check of house to take place in 6 week’s time.

Alcohol Use
• Dad has stated it is difficult to give up alcohol so he will speak with his GP to seek further support and assessment. This will happen within next three weeks.
• There are to be no reports of either Mum or Dad being heavily under the influence of alcohol/ drugs or smelling strongly of alcohol.
• Mum and Dad must not present as under the influence of substances whilst caring for the children - this means being able to speak coherently (talk normally) and function in day to day life such as keeping appointments.
• No referrals to be received from the community, police or other professionals about fights of people drinking in your home.
• Any domestic violence to be reported to the police or social work.
Appendix 3 – SMART Plans

**Specific:** This first criterion stresses the need for a focus on specific objectives as opposed to more general ones. In order to be specific, the objective must spell out exactly what is expected, why, who is involved, where it should happen and what might be the requirements and constraints.

An example of a general objective might be “the child’s parents to fully meet their responsibilities with regards the child’s education”. A more specific goal would be “the child’s parents to take the child to school every day, arriving by 8.55am, wearing a clean school uniform, (with clean meaning “washed, dried and ironed” at least once per week) if the child is unable to attend school, the child’s parents to contact the school by 8.55am on the day of the absence and inform school staff of the reason for the absence”.

**Measurable:** This second criterion stresses the need for objectives to be measurable, with set criteria so that progress can be evaluated as clearly as possible. Without measurable objectives, it is impossible to assess – or if not impossible, then at least much more difficult – as to whether there has been any progress and if so, how much. A measurable objectives must answer questions such as “how much?”, “how many?” and “how will we know if it is achieved?”

Continuing with the example given above, the objectives are measurable because we can count:
- How many times the child arrives at school on time (by 8.55am).
- How many times the child arrives late (after 8.55am).
- The number of times they do not attend.
- The number of times the school are notified of the child’s absence (by 8.55am).
- When the child does attend, how many times their uniform is clean (this is the most subjective part of the measure).

**Attainable:** This third criterion stresses the need for objectives that are realistic. It involves asking the question “how can this be achieved?”

Continuing with the same example, if the child’s current school attendance were around 25 per cent, it would be unwise and unhelpful to set the target at 100 per cent attendance, at least not without specifying interim objectives enroute to achieving 100 per cent. However, if the child’s attendance were currently around 80 per cent, then setting an immediate target of 100 per cent may well be considered attainable.

**Relevant:** This fourth criterion stresses the importance of choosing objectives that matter. Questions to address include “does this seem worthwhile?”, ”is it the right time to do this?” and “does this match our other efforts?”

Continuing with the same example, if the concerns about the child related to neglect and to the impact of neglect on the child’s school attendance and presentation when at school, the example objective given would seem relevant. If the concerns were related to physical abuse, then whilst it would still be important for the child to attend school regularly and on time, achieving this aim would seem unlikely to help prevent future instances of physical abuse.
**Timely:** This fifth criterion stresses the importance of setting time-constraints on the completion of the objective.

For example, the objective used as an example here would benefit from a deadline, by which time the child’s attendance would be expected to be consistently at or near 100 per cent.