



Child Protection Conference screening form Signs and Indicators of Abuse for need, harm and risk identification and decision making

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 Conference Screening stage (see page 2) and informed with a conversation, if required, with the social work manager.

- **if you answer Yes** – indicate what the need, harm or risk factor is to inform your analysis, planning and decision-making process
- **if your answer No** - this indicates that there is no information and no evidence
- **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. **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).**

Signs that may indicate physical abuse	
Physical indicators	Behaviour indicators
<ul style="list-style-type: none"> ▪ Unexplained injuries or burns, particularly if they are recurrent <input type="checkbox"/> ▪ Untreated injuries or lingering injuries not attended to <input type="checkbox"/> ▪ Bruises and abrasions around the face, particularly if they are recurring damage or injury around the mouth <input type="checkbox"/> ▪ Bilateral injuries such as two bruised eyes <input type="checkbox"/> ▪ Bruising to soft areas of the face e.g. cheeks <input type="checkbox"/> ▪ Bite marks <input type="checkbox"/> ▪ Burns or scalds (note the pattern and spread of the injury e.g. cigarette burns) <input type="checkbox"/> ▪ Weal suggesting beatings (for example an injury caused by belt or a cane) <input type="checkbox"/> 	<ul style="list-style-type: none"> ▪ Improbable excuses given to explain injuries <input type="checkbox"/> ▪ Refusal to discuss injuries <input type="checkbox"/> ▪ Admission of punishment that appears excessive <input type="checkbox"/> ▪ Shrinks from physical contact <input type="checkbox"/> ▪ Refusal/avoiding getting undressed for gym – keeps arms and legs covered in hot weather <input type="checkbox"/> ▪ Fears medical help <input type="checkbox"/> ▪ Self-harming behaviours <input type="checkbox"/> ▪ Aggression towards others <input type="checkbox"/> ▪ Over-compliant behaviour or a ‘watchful’ attitude <input type="checkbox"/> ▪ Deterioration in schoolwork <input type="checkbox"/> ▪ Unexplained pattern of absences, which may serve to hide bruises or other physical injuries <input type="checkbox"/> ▪ Fears or is reluctant to return home or to have parents contacted. <input type="checkbox"/>

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Signs that may indicate Emotional Abuse	
Physical indicators	Behaviour indicators
<ul style="list-style-type: none"> ▪ Delays in physical development e.g. milestones delayed or underweight, lethargic (there may be medical reasons for this, however, and medical advice is essential) <input type="checkbox"/> ▪ Self-mutilation. <input type="checkbox"/> 	<ul style="list-style-type: none"> ▪ Delays in intellectual development <input type="checkbox"/> ▪ Over-reaction to mistakes <input type="checkbox"/> ▪ Continual self-depreciation <input type="checkbox"/> ▪ Sudden speech disorders <input type="checkbox"/> ▪ Social isolation – does not join in and has few friends <input type="checkbox"/> ▪ Extremes of compliance, passivity and/or aggression/provocativeness <input type="checkbox"/> ▪ Compulsive stealing e.g. other children packed lunches <input type="checkbox"/> ▪ Rocking, thumb sucking, hair twisting, etc. <input type="checkbox"/> ▪ Drug, alcohol or solvent abuse <input type="checkbox"/> ▪ Fear of parents being contacted. <input type="checkbox"/>

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Signs that may indicate Neglect	
Physical indicators	Behaviour indicators
<ul style="list-style-type: none"> ▪ Constant hunger <input type="checkbox"/> ▪ Poor personal hygiene <input type="checkbox"/> ▪ Constant tiredness <input type="checkbox"/> 	<ul style="list-style-type: none"> ▪ Social isolation – does not join in and has few friends <input type="checkbox"/> ▪ Low self-esteem <input type="checkbox"/> ▪ Frequent lateness or non-attendance at school <input type="checkbox"/>



<ul style="list-style-type: none"> ▪ Inadequate clothing <input type="checkbox"/> ▪ Untreated medical problems. <input type="checkbox"/> 	<ul style="list-style-type: none"> ▪ Destructive tendencies <input type="checkbox"/> ▪ Poor relationships with peers <input type="checkbox"/> ▪ Compulsive stealing and scavenging <input type="checkbox"/> ▪ Rocking, hair twisting and thumb sucking etc. <input type="checkbox"/>
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Signs that may indicate sexual abuse	
Physical indicators	Behaviour indicators
<ul style="list-style-type: none"> ▪ 'Love bites' <input type="checkbox"/> ▪ Other bite marks <input type="checkbox"/> ▪ Signs of self-harming (e.g. deep scratches/cuts on arms) <input type="checkbox"/> ▪ Tiredness, lethargy <input type="checkbox"/> ▪ Pregnancy or sexually transmitted infections. <input type="checkbox"/> 	<ul style="list-style-type: none"> ▪ Sudden changes in behaviour and school performance <input type="checkbox"/> ▪ Sexual awareness inappropriate to the child's age – shown for example in drawings, vocabulary, games etc. <input type="checkbox"/> ▪ Harmful sexual behaviour <input type="checkbox"/> ▪ Frequent public masturbation <input type="checkbox"/> ▪ Fear of undressing for games or activities <input type="checkbox"/> ▪ Tendency to cry easily <input type="checkbox"/> ▪ Regression to younger behaviour e.g. thumb sucking, playing with discarded toys, acting like a baby <input type="checkbox"/> ▪ Depression and withdrawal <input type="checkbox"/>

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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 based on need, harm and risk identified Levels of Need descriptor 4 (S47)

Not to Conference

Rationale by based on need, harm and risk identified and Levels of Need descriptor 4 (S17/ S47):



***This document needs to be uploaded on the Child's record on Mosaic**

Further reading to inform preparation before Conference:

The [NSPCC](#) 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](#), which, although only covering up to 11 years of age, shows appropriate development stages for age groups and is geared towards frontline Social Workers.

Review / Contacts / References	
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