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GUIDELINES FOR CASE CONFERENCE REPORTS FOR CHILDREN AND YOUNG PEOPLE

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1. Purpose

These guidelines are to support Community Health Oxfordshire staff in submitting a written report for case conferences convened by Oxfordshire Safeguarding Childrens Board.

2. Responsibility.

Attendance at case conferences by relevant invited health professionals is a professional responsibility in line with Oxfordshire Safeguarding Children Board Child Protection Procedures (OSCB).

3. Definitions

3.1 Case Conference Report

A report that should include details of your involvement with the child and family, and information concerning the health's knowledge of the child's developmental needs, the capacity of the parents to meet the needs of their child within their family and environmental context.

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3.2 Initial Child Protection Conference.

The initial child protection conference brings together family members, the child who is the subject of the conference (where appropriate) and those professionals most involved with the child and family, following Section 47 enquiries. 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.

3.3 Child Protection Review Conference.

This is convened in relation to children who are already subject to a Child Protection Plan. The first review conference is normally convened three months after a Child Protection Plan is first drawn up, then at intervals of not more than six months.

3.4 Pre-Birth Conference.

This is an Initial Child Protection Conference concerning an unborn child. Such a conference has the same status and purpose and must be conducted in a comparable manner to an Initial Child Protection Conference.

4. Principles

Case conference reports should be made available to the Independent Conference Chair, where possible, at least one working day prior to the conference.

Where health representatives are unable to attend the conference, they must ensure that their written report is made available to the conference through the Child Protection Conference Administrator, and that a colleague attends in their place. If this is not possible, the named nurse for child protection should be contacted to arrange health representation.

Health representatives attending conferences should confer with their colleagues before preparing their contribution to a conference, to make sure it contains all relevant and available information. Inclusion of third party information, e.g. from GP records, must be agreed with the professional concerned.

The reports must make it clear which child is the subject of the conference, but address any known circumstances of all children in the household.

The reports should be shared with the parents and the child (if old enough) before the conference. Indicate on the report if this has not been possible to share the report, in order that the conference chair is aware.

Use of interpreting services should be considered.

Your reports will be attached to, or summarised within the minutes, for circulation. Therefore if you have information, which cannot be shared in a report, you should discuss this with your named nurse and /or the conference chair.

A dated and signed copy of your report should remain in the child's Health Records.

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5. Writing A Case Conference Report:

1. The Named Nurses for child protection are available for support with writing reports
2. Plan sufficient diary time to write your report
3. The report should be:

Factual. Statements in reports should cross reference with any clinical records

Objective. Report should consider protective and resilience factors as well as professional concerns. No subjective comments or value judgments should be made

Succinct. Comment on relevant parts of the assessment framework triangle or child protection plan. You do not need to comment for the sake of it

4. Risk Assessment.

Include factors that may minimise and / or increase the risk of harm.

Also, consider the impact of parental mental ill-health, learning disabilities, substance misuse and domestic abuse

5. Professional opinion is acceptable as long as this can be supported by evidence
If not attending the conference you may include your professional opinion whether a child's should be made the subject to a child protection plan

6. Consultation

This document was reviewed in consultation with:

Kate Riddle Service Manager Safeguarding Children

Jill Phipps Operational Manager Safeguarding Children

Named Nurses Child Protections

Revised version based on Oxfordrdshire Safeguarding Children Board Procedures 2010

7. Appendices

7.1 **APPENDIX 1:** Template for initial case conference report.

7.2 **APPENDIX 2 :**Template for review conference

7.3 **APPENDIX 3:** Assessment Framework Triangle

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APPENDIX 1

Initial Case Conference Report

To:

Name

Independent Chair

ADDRESS

From:

Profession

Subject/s of Report:

Name:

DOB:

Address

G.P.

School:

Parent/ Carer

Name

Address

Other significant Family Members:

Name:

DOB:

Address:

Relationship:

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Name:

DOB:

Address:

Relationship:

Summary of previous involvement with the child and family, including any concerns

Current involvement and any current concerns.

Include Pattern of Contacts / reasons for Contacts

This could be routine, opportunistic. You may need to include a chronology of contacts you have had over a period of time and in what context. Each contact doesn't need to be described but dates and details of any significant incidents or contacts should be included.

Child's developmental needs: NB Provide information about each child.

Information about the child's current and past state of developmental needs

Include any health or developmental assessments.

Include height and weight and centiles if applicable and state whether this is within the normal or expected parameters for that child.

Parenting Capacity

Consider Basic Care, ensuring safety, emotional warmth, Stimulation, guidance and boundaries and stability.

You may include whether the family have worked in partnership with you and or a willingness to implement advice.

Wider Family and environmental factors

Consider family history and functioning, wider family, housing, employment, Income, social integration and community resources.

Risk Assessment.

Include factors that would help minimise risk and those areas that increase the level of risk to the children and cause concern.

Child protection Plan.

If unable to attend you may include your professional opinion regarding whether the child should be subject to a child protection plan.

Signed

Date

Printed versions of this document may be out of date.

Date report shared with family.

Date report shared with child (if appropriate)

cc. *Copy given to GP, social worker, family or other*

Appendix 2

Review Case Conference Report

To:

Name

Independent Chair

ADDRESS

From:

Profession

Subject of Report:

Name:

DOB:

Address

G.P.

School:

Parent/ Carer

Name

Address

Other significant Family Members:

Name:

DOB:

Address:

Relationship:

Name:

DOB:

Address:

Relationship:

Significant events over the review period.

Feedback on health actions.

What outcomes have been achieved?

Give details.

What outcomes are outstanding /have not been achieved?

Give details.

Risk Assessment.

Include factors that would help minimise risk and those areas that increase the level of risk to the children and cause concern.

Child protection Plan.

If unable to attend you may include your professional opinion regarding whether the child should be subject to a child protection plan...

Signed

Date

Date report shared with family.

Date report shared with child (if appropriate)

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APPENDIX 3

THE ASSESSMENT FRAMEWORK

(DOH 2000)

