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Creators	Richardson Foster, Helen, Barter, Christine Anne, Churchill, Harriet and Stanley, Nicky

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How Child-Focused are Child Protection Conferences?

Child protection conferences (CPCs) are multiagency meetings that are central to child protection procedures in the UK. They bring together practitioners, parents and children to consider whether a child has experienced significant harm and, if so, what action is required to protect him or her in future. This article presents findings from a qualitative study of CPCs in two areas in central England which explored the extent to which conferences are 'child-focused' events. Data were gathered from audio recordings and documentary analysis of 14 initial and review conferences, 15 interviews with conference staff and six focus groups with 35 practitioners from a range of agencies. A four-part conceptualisation of child-focused practice was used to analyse practice in conferences. Children's participation in CPCs was found to be low, and child-focused decision-making and planning were rarely achieved. The findings emphasise the importance of pre-conference work with children and families, and the central role of the conference chair. These findings are compared to those of the landmark 'studies in child protection' research published by the Department of Health almost 26 years ago to determine if improvements in child protection conference practice have occurred. © 2021 The Authors. Child Abuse Review published by Association of Child Protection Professionals and John Wiley & Sons Ltd.

KEY PRACTITIONER MESSAGES:

- Making CPCs more child-focused requires greater support, preparation and planning from practitioners. In particular, mechanisms to facilitate children's participation in conferences should be identified and used.
- While representation of children's views is critical, in order for the conference to be child-focused, it must also consider the individual child's experience, including their daily lived experience and needs and outcomes in reports for conference, CPC discussion and child protection planning – please state preference.
- The time allocated for planning and decision-making should be ring-fenced within the conference.

KEY WORDS: child protection conference; child-focus; multiagency meetings

*Correspondence to: Dr Helen Richardson Foster, ER223, Eden Building, School of Social Work, Care and Community, University of Central Lancashire, Preston PR1 2HE, UK. E-mail hrichardsonfoster@uclan.ac.uk
Contract/grant sponsor: University of Sheffield.

Helen Richardson Foster* 

Christine Barter 

Nicky Stanley 

School of Social Work, Care and Community, University of Central Lancashire, UK

Harriet Churchill 

Department of Sociological Studies, University of Sheffield, UK

'Explore[s] the extent to which [child protection] conferences are 'child-focused' events'

‘Child protection conferences... are statutory multiagency decision-making forums bringing together practitioners and family members to review serious concerns about child welfare and safety’

Introduction

Child protection conferences (CPCs) are key to UK child protection arrangements. They are statutory multiagency decision-making forums bringing together practitioners and family members to review serious concerns about child welfare and safety. If a child is judged at risk of ‘significant harm’, as detailed in section 47 of the Children Act 1989, an initial CPC (ICPC) can be convened to decide whether a child protection plan is required to keep him or her safe; and this is revisited at regular review conferences.

Statutory guidance specifies how children and parents should be included and the roles and responsibilities of practitioners in conferences. In England and Wales, Government guidance (HM Government, 2010, 2018) states that parents should be invited to attend along with children ‘where appropriate’ (HM Government, 2018, p. 49). Children’s wishes and feelings must be represented to the conference and their participation should be facilitated by social workers. Key agencies working with the child and family should submit pre-conference reports and attend the CPC (HM Government, 2010, 2018).

This study explores to what extent CPCs can be considered ‘child-focused’ events and whether practice in CPCs has changed in this regard since the ‘studies in child protection’ series was published by the Department of Health (1995) almost 26 years ago. It draws on data from a multi-method qualitative study of CPCs addressing neglect that was conducted in two English authorities in 2012. Practice is analysed using a four-part conceptual framework.

Literature Review

Research on CPCs is limited despite their central role in the child protection process. A series of empirical studies commissioned by the UK Government prior to and after implementation of the Children Act 1989 (Department of Health, 1995) provided a comprehensive analysis of how the child welfare and child protection system was functioning and changing. These studies found that practice was not achieving a satisfactory balance of the Act’s aim of combining child protection, family support and child welfare (Department of Health, 1995). Several studies critiqued the effectiveness of CPCs (Farmer and Owen, 1995; Gibbons *et al.*, 1995; Hallett, 1995).

Studies of ‘family’ involvement in CPCs in the 1990s mostly focused on parental participation but noted that children’s participation and attendance at conferences were low (Farmer and Owen, 1995; Thoburn *et al.*, 1995), despite UK ratification of the United Nations Convention on the Rights of the Child in 1991 and the incorporation of its key principle of children’s right to be heard into the Children Act 1989. Research in this period showed that practitioners were reticent about including children in CPCs, and that while children wanted to attend conferences, they were not always emotionally prepared to do so (Schofield and Thoburn, 1996).

Insufficient time during ICPCs was dedicated to creating outline child protection plans: practitioners spent the majority of the time discussing the incident, assessing risk and deciding whether to place children on the child

protection register (Farmer and Owen, 1995; Hallett, 1995). Farmer and Owen (1995) calculated that practitioners at ICPCs spent an average of nine minutes on discussing and planning, and this task was often delegated to social workers and post-conference procedures. Plans were often not explicit and lacked detailed outcomes and timescales (Gibbons *et al.*, 1995; Hallett, 1995); furthermore, poor planning in ICPCs was associated with poor outcomes for children (Farmer and Owen, 1995).

The findings of these studies in the 1990s contributed to a 'refocusing debate' (Parton, 2006, p. 4) that sought to improve family support responses and consequently reduce unnecessary child protection referrals and investigations. However, child protection systems came under further scrutiny in high-profile Serious Case Reviews into the deaths of Victoria Climbié (Laming, 2003) and Peter Connolly (Laming, 2009). Laming (2003) drew attention to practitioners' failures to see 'through the eyes of the child' (p. 69) and highlighted poor multiagency working. The *Munro Review of Child Protection* (Munro, 2011) also sought to strengthen a 'child-centred' orientation in child protection policy.

There is now a growing body of research concerning children's participation in child protection processes (Bruce, 2014; Cossar *et al.*, 2014; Muench *et al.*, 2017; Woolfson *et al.*, 2010), which suggests that children's participation in CPCs is increasing. Nevertheless, numbers of children participating can be low (Bruce, 2014), and children and young people interviewed in Cossar *et al.*'s (2014) study said that they wished to be involved in CPCs but that they were not always well informed or supported to do so.

However, there has been no large-scale study of professional practice in CPCs since Farmer and Owen's (1995) study. A small qualitative study (Horwath and Tarr, 2015) found that social workers' reports discussed parenting in generalised terms and were not sufficiently attentive to outcomes for individual children.

The format of the present CPC model has remained largely unchanged since the 1970s, although with greater emphasis on child and parental participation. Some practice developments have sought to address some of the challenges of family participation in child protection decision-making in the UK, including CPCs. 'Signs of Safety' highlights risks and strengths in assessments and decision-making, along with creative exercises to elicit children's views, and has been implemented in some local authorities (Baginsky *et al.*, 2017). Pilot studies have examined family group conferences as an addition or an alternative to ICPCs, however, there is limited evidence on their efficacy (Stabler *et al.*, 2019). Emerging research on the use of visual methods in conferences (Appleton *et al.*, 2015; Horwath, 2016) suggests that these can promote participation and facilitate child-centred assessment and planning.

Despite recent research on the participation of children in conferences (such as Cossar *et al.*, 2014; Woolfson *et al.*, 2010), no recent studies have examined how practitioners consider the individual child's needs within the CPC. There may be an assumption that children's participation will automatically improve outcomes for children, but we know that practice in conferences is challenging, affected by multiple issues and that not all children are able to participate. In response to this, this research sought to examine how child-focused are CPCs in practice.

'There has been no large-scale study of professional practice in CPCs since Farmer and Owen's (1995) study'

‘The study focused on practice in cases of child neglect, which is a challenging area of practice for child protection professionals’

Methodology

The study used a qualitative mixed-method approach to critically evaluate CPCs through a child-centred lens. It aimed to explore the extent to which CPCs were child-focused and what factors affected child-focused information-sharing, assessments and decision-making. The study focused on practice in cases of child neglect, which is a challenging area of practice for child protection professionals (Horwath, 2013). Neglect emerges as the most common type of child maltreatment in the UK in both prevalence studies (Radford *et al.*, 2011) and child protection statistics (Office for National Statistics, 2020).

The data were collected for a doctoral research study that was initially designed in collaboration with two local safeguarding children boards (LSCBs) in central England. The two sites (city and county) shared LSCB procedures but configured their CPC operations differently which had implications for data collection.

Data on professional practice in CPCs were collected in three stages. Stage one involved data collection from 14 CPCs (3 ICPCs and 11 reviews) in the city site only. This was a purposive sample of all conferences convened during an eight-month period where child neglect was the primary concern. All attendees, including parents and children over the age of six, were given participant information sheets and consent forms beforehand. Only conferences where all participants consented were audio recorded, reducing the sample from 29 to 14 as shown in Table 1.

Transcripts of conferences and documents, such as conference minutes, child protection plans and pre-conference reports, were examined. Practitioners were expected to produce a report for conference using a template. This form was generated by social workers from their case management information technology system, and other practitioners were asked to use the LSCB's ‘multiagency report’ template, although not all did so. Table 2 shows the type of conference reports that were accessed.

Table 1. Stage one sample: consent and conferences

Consent status	Number of conferences
Consent not obtained from all participants	15
Parent did not consent	5
Social worker unable to discuss the study with the family	5
Practitioner did not consent	5
Consent of all attendees obtained	14
Total sample	29

Table 2. Stage one reports (pre-conference) data

Conference type	Type of document accessed		
	Multiagency report		Social worker report
	LSCB template	Other (no template)	
Initial (<i>n</i> = 3)	7	1	3
Review (<i>n</i> = 11)	55	5	11
Total	62	6	14

LSCB = Local safeguarding children board.

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Table 3. Focus group participants by profession

Practitioner role	Number of participants
Family support worker	12
Social worker	6
Head teacher	2
Police	4
Education staff	3
Health visitor	2
Probation officer	2
Education welfare officer	1
Family intervention project worker	1
School nurse	1
Voluntary sector support worker	1
Total	35

Stages two and three used data from both city and county sites to explore professional practice in CPCs. Stage two comprised semi-structured interviews with conference chairs and their managers ($n = 11$) and minute takers ($n = 15$); in stage three, six multiagency focus groups were held with practitioners who attended conferences. The roles of the 35 focus group participants are detailed in Table 3.

Ethical approval was gained through the local NHS research ethics committee. An opt-in consent process was used for all participants.

Analysis

An interpretive approach was adopted, which was suited to investigating practitioners' subjective meanings (Gubrium and Holstein, 1997) and to examining how verbal and written communication reflected and shaped their practice. A combination of audio recordings, documents, interviews and focus groups was used to explore practice in CPCs and practitioners' understandings of how child-centred these meetings and processes are. This triangulated approach was one of 'separate methods integrated analysis' (Moran-Ellis *et al.*, 2006, p. 54) that initially used methods appropriate to the type of data gathered and then synthesised the findings. Accordingly, conference data were analysed in NVivo using directed content analysis (Hsieh and Shannon, 2005) of transcripts and audio recordings, and thematic content analysis (Altheide, 1996). Interview data were analysed using a combination of structural (Saldana, 2013) and thematic codes.

A four-part conceptualisation of 'child-focused practice' was developed in the study to analyse practice in CPCs through a child-centred lens. This comprises four elements:

- 1 Conference consideration of the individual child's experience of maltreatment and aspects of parenting, and whether the child's family circumstances and environment were measured in terms of their impact on the child's wellbeing and development.
- 2 Whether assessment was informed by the child's daily lived experience, and whether this is understood by considering the child's views and those of family members and relevant practitioners (drawing on the work of Horwath, 2013).
- 3 The extent to which the conference facilitated children's participation so that children were able to make their voices heard and their views were taken seriously.
- 4 Whether outcome measures used for interventions and actions were rooted in the individual child's experience and based on detailed understanding of the child's circumstances established by the preceding three elements.

'A four-part conceptualisation of 'child-focused practice' was developed in the study to analyse practice in CPCs through a child-centred lens'

The study used this four-part model as an analytical tool to examine the extent to which CPCs were child-focused and what factors affected child-focused information-sharing, assessments and decision-making.

Limitations

There were some limitations regarding the methods used and data collected. Stage one data collection was restricted to conferences and documents held in the conference office in the city site because it was not possible to collect data from numerous offices across the county site. The research design was negotiated with the LSCBs and some elements were pre-agreed with them. Thus, while the conference data set provided rich data about discussion within CPCs, participants, including family members, were not interviewed about their experience. There were concerns that to interview participants, including family members and children, about their conference experience would be intrusive and difficult to organise. Instead, data from CPC recordings and documents were gathered unobtrusively and interviews with staff further explored professional practice in CPCs.

The sample size was modest. It was a purposive sample that limits generalisability. In addition, the sample of CPCs was not necessarily representative of the city site and did not reflect the ethnic diversity of the area. The sample of interviewees in stages two and three was self-selecting and did not necessarily reflect practitioner attendance at CPCs.

Results

The results are explored here using the four key elements of child-focused practice outlined earlier.

Consideration of the Impact on the Individual Child

Practitioner Reports

Practitioners' reports for conference are integral to CPCs. They are based on the work undertaken with children and families prior to the CPC, and they feed into the information discussed and analysed at the meeting. The assessments, which form the basis of the pre-conference reports, are the product of working relationships between practitioners and families. Analysis of reports (see Table 2) found that they often lacked detail about the individual child's experience. The standard multiagency report form had a section requesting details about how abuse or neglect impacted on the child that was often left blank: information about how the family's circumstances and neglect were affecting the child was missing in 20 of 68 (29%) reports. Furthermore, 20 per cent of multiagency reports were vague about the implications of family circumstances for the child, despite being specific about the cause of the problem. For example, the following extract describes how various circumstances had affected the child and might continue to do so, but it is not made clear what these 'needs' are or what the child's 'full potential' constitutes:

'Analysis of reports... found that they often lacked detail about the individual child's experience'

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'[Child]'s needs may not be met due to the housing problems and the emotional stress within the family. [Child] may not achieve his full potential due to anxiety about the family and home.' (School Nurse report)

Practitioners in the focus groups reported that they experienced significant time pressures, which affected their capacity to undertake assessments and visit children prior to conferences:

'It's not enough, you know you're looking at 40 minutes to an hour to sit down, to actually get them comfortable, to start opening up a little, and workers don't have that with the caseloads they've got.' (Family Resource Worker)

The CPC Meeting

Analysis of CPC discussions considered content and the time spent on topics and agenda items. Children's health, education and relationships were always discussed, and information was often presented in a factual way without consideration of how any difficulties or deficiencies were impacting on the child's welfare. Thus, a comparatively large amount of meeting time was taken up in discussing these general issues.

Large families were a factor that influenced the individual child-focus of the CPC. Within the conference data set, five CPCs concerned families of four or more children. These meetings were longer: the average length of time for CPCs was 77 minutes and this increased to 107 minutes for large families. The majority of time in large-family CPCs was spent discussing children's developmental needs: an average of 51 per cent compared to 36 per cent for all CPCs. Consequently, less time was available for other agenda items, as most meetings operated within a two-hour time limit that reflected the constraints of the room booking system in the building. The impact of time available on planning is considered later in this article. Not all children were discussed equally: analysis of conference data showed that, for large families, more time was spent on children with presenting needs and/or the older children in the family. Some chairs reported their strategies to address this:

'... by the time we get down to the younger ones, people think "oh no there's nothing to, no concerns" all the rest of it. I am mindful that that is the case so what I do is that if there are certain points that I need to ask, particularly about the younger ones then I will start with the younger ones first.' (Chair 2)

Chairs were also responsible for summarising information for the CPC minutes and they usually did this after each child was discussed. Interview and focus group participants stated that this provided an opportunity for the chair to keep the focus of the CPC on the welfare and concerns of the individual child. Chairs reported using different approaches to summarising, including emphasising the positives or using prompts such as Daniel *et al.*'s (2010, p. 14) 'resilience matrix'. Minute takers reported that the quality of summaries varied, and a small number of chairs said that they found this aspect of their work difficult:

'I hate them, because I just find that there's so much information and I have to, I'm always conscious that I might miss something out.' (Chair 2)

'Analysis of CPC discussions considered content and the time spent on topics and agenda items'

‘Examination of conference data showed that most CPCs did not include detailed discussion of the child's daily lived experience’

The summary was an opportunity for CPC participants to reflect on the discussion and to correct errors or misunderstandings, yet some practitioners stated that they did not feel confident to interject in this way. This highlights the influential role of the chair and his or her influence on information-sharing.

The Child's Daily Lived Experience

Examination of conference data showed that most CPCs did not include detailed discussion of the child's daily lived experience, for example, their daily routines and activities were not considered. Pre-conference reports (see Table 2) did not usually contain this information. In some cases, social workers and family support workers did refer to family routines such as mealtimes or school attendance but this was often in reference to the whole-family's day, rather than an individual child's daily experience. Analysis of CPC discussions found that children's daily activities were most often considered in cases with a longer duration of involvement (such as in reviews) and more intensive family support. Furthermore, this information on daily activity was often produced in response to questions posed by the chair, which again highlights his or her central role in shaping the discussion. Another factor associated with increased discussion of daily routine in this sample of neglect conferences was an emphasis on incident-based safety issues such as safe sleep or domestic abuse. Practitioners appeared to find it difficult to report on the cumulative impact of neglect on a child's daily life.

Two factors associated with reduced discussion of children's daily life were the child's age and parental engagement in the CPC. There was less discussion of daily life and routine for babies in the sample, particularly in CPCs convened owing to ‘historical concerns’ about the mother's previous parenting. Secondly, when there was a low level of parental engagement with practitioners prior to a conference, and this was combined with parents' non-participation or hostile participation in the meeting, this resulted in minimal discussion of the child's daily lived experience. For example, in one CPC, the social worker had struggled to meet with the mother, who was homeless and did not attend the CPC about her baby:

‘... I'm only seeing her for a fraction of the time and what she's doing outside of that time is quite difficult to really get a true picture.’ (Social Worker, Review 2)

This highlights the critical role of assessment and relationships with families, and how this is required to secure their attendance.

Children's Participation

Children's participation in conferences was a key component of child-focused practice examined in this study. Table 4 shows the ages of children in the families in the 14 conferences.

There were six conferences concerning a single baby, one of which was a pre-birth ICPC. Seven of the 14 conferences contained school-aged children, a total of 24 children overall. Analysing participation by age is consistent with the LSCB's guidance and tools for children's participation which addressed participation for school-aged children. However, it is conceivable that pre-school children could have had their views conveyed to the conference

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Table 4. Age of children in the stage one conference sample

Age	Number of children
Baby	
Unborn	1
0–12 months	9
Preschool (1–4 years)	12
School-age	
5–11 years	14
12–16 years	10
Total	46

by practitioners. With regard to additional support needs which may have influenced children's capacity to participate: four of the 24 school-age children had statements of special educational need and a further two were awaiting assessment. No children in the sample had a physical disability.

Consideration of the Child's Views

The CPC's multiagency report template included a section that recorded whether the report had been shared with the child and his or her views on its recommendations. Of the 39 reports on school-aged children, only two recorded the child's views. Some practitioners stated in this section that meeting with children had been difficult:

‘[Child] never talks about his home life so it is always difficult to gauge the effects of it on him.’ (School report)

As noted earlier, practitioners reported that time pressures restricted their capacity to visit children prior to conferences.

In contrast, social workers produced a single report for the whole family, and these were often long (up to 36 pages) and repetitive. The template differed for ICPC and review reports, with no prompt for children's views in the review template. Social workers' reports contained limited references to children's perspectives and, as with the multiagency reports, the comments made were often vague. One exception was a report about a teenage girl that detailed her views of her home environment and its cleanliness, her education and family relationships. In some cases, the absence of detail was acknowledged, for instance, in one review report, the social worker stated that future work with the children on their views was required as it had not yet been undertaken. In the absence of child-focused reports to inform discussion at a CPC, the child-focus of the meeting is highly likely to be compromised.

Formal Participation

In the 14 conferences analysed, the majority of school-aged children (19/24) did not contribute their views to conference by any formal participation methods such as attending the meeting, submitting a written report or through advocacy (this is shown in Table 5).

Three conferences (two reviews and one ICPC) involved some formal participation, comprising either attendance at conference, completing ‘wishes and feelings’ forms with an advocate, or a combination of these two methods. The two CPCs with children's attendance were very different. In the first, the

‘Of the 39 reports on school-aged children, only two recorded the child's views’

‘The majority of school-aged children (19/24) did not contribute their views to conference by any formal participation methods’

Table 5. Participation of school-aged children in the stage one conference data set, by child

Participation	Number of children
Child attended conference and completed a 'wishes and feelings' form	2 ^a
Child attended conference with no support or advocacy	1 ^b
Child did not attend conference and the 'wishes and feelings' form was read out	2
School-aged child with no formal participation	19
Total	24

^aTwo of three siblings attended part of the meeting.

^bOne of four siblings participated.

three siblings had been supported by an advocate and all had submitted forms. The older two siblings had attended part of the meeting and answered direct questions from the chair (Table 5). In the other review, no work had been undertaken prior to the conference with the four siblings to enable their views to be captured and, although the chair tried to elicit the views of the oldest sibling who attended, their participation was limited (Table 5). The three younger siblings did not participate in any way (Table 5).

Unsurprisingly given the above findings, chairs described children's participation as an area that needed further development. Many noted that children's attendance at conference was rare, and some were concerned about the impact that it could have on children:

'I'm not a fan of children attending conferences because sometimes there's a lot of people there and you don't know how people, well, how parents in particular, are going to behave and once they're all in the room together you can't control that.' (Chair 3)

Other practitioners, such as police officers and school staff, also made this point. However, mechanisms to facilitate children's participation, such as advocacy and children's views forms, were available in both sites, and some chairs said that they would hold staff to account about this:

'I will always ask as part of my role, either has the child been invited or where's the child's contribution for conference?' (Chair 4)

Some chairs suggested that making children's participation an item on the agenda could encourage practitioners to seek children's views.

Child-Focused Outcome Measures and Planning

The final aspect of child-focused practice is that outcome measures and planned actions to address the child's problems are informed by a detailed understanding of the child's individual and daily lived experience. CPC participants are directed to discuss whether the child requires a child protection plan and if so, what it should comprise.

The time spent in CPCs on planning was limited, accounting for an average of 12 per cent of meeting time. In one case, the required plan was not discussed owing to time concerns. Minute takers and chairs acknowledged that there was a risk that planning and decision-making could be rushed, yet meeting fatigue was a concern:

'The time spent in CPCs on planning was limited, accounting for an average of 12 per cent of meeting time'

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‘... People are flagging after an hour and a half two hours, it's not good to have a conference going on longer, but ... actually you do have to look at each child as an individual, because some children are amazingly resilient, just because a parent is not doing x and y and z actually it might not be having a significant impact on the child ...’ (Child Protection Manager 1)

In eight of the 14 CPCs, it was decided in the meeting that a child protection plan should be implemented or retained; a child in need plan was created in three conferences and there were no ongoing concerns in three. The quality of child protection plans varied: up-to-date plans were limited with only two being recognisably new or updated; an old plan was used in four CPCs and no plan was available in two. Analysis of the six available child protection plans found that there was a lack of focus on individual children: in three cases, a plan was written for the whole family, with limited reference to outcomes for each child (which is recommended in HM Government (2010) guidance). Where outcomes in plans were specified, these were often expressed in generalised terms such as ‘child to be healthy’. In one review conference, an association between child-focused discussion in conference and child-focused planning was observed. However, owing to the small number of up-to-date plans in the data set, it was difficult to assess this association fully.

Analysis considered whether CPCs included in stage one were ‘child-focused’ in both their decision-making discussions and the child protection plan produced (where one was required or created). Three types of planning were identified: CPCs that did not have child-focused outcomes but were more ‘parent-focused’; those with some child-focused outcomes; and, finally, conferences where there were ‘no ongoing concerns’. In five of the 14 conferences, there were some child-focused planning discussions or outcomes evident in the child protection plan itself or during the CPC. Six CPCs were ‘parent-focused’ in their planning discussions, including the three ICPCs. The remaining three CPCs had no ongoing concerns for the children and no plan was required. Few conferences had child-specific outcomes, while those that did were often vague and used generalist language. Few conferences also incorporated details of children's lived experience, but where this information was used in planning, it was often in review cases where support services had been working intensively with children and families for a long period. Child-focused planning was not always related to the extent of children's participation in the conference itself: while three CPCs included some formal child participation, one of these was categorised as ‘parent-focused’ in its discussion and approach to planning. In this CPC, although one of the three children attended, the child had done so without support. The discussion focused on the mother's difficulty in engaging with the requirements of the child protection plan. She became angry during the meeting and left early with her child. No child protection plan was produced prior to or after this review conference.

Discussion

The findings from this research contribute new data to the study of CPCs. The study sought to examine factors contributing to a child-focused CPC using a

‘Child-focused practice in CPCs is based on the premise that CPCs must consider the impact on the individual child and be mindful of his or her daily lived experience’

combination of methods. This article has set out a new conceptualisation of child-focused practice in CPCs. Its four elements provide a framework to improve practice in this key area of child protection work.

Child-focused practice in CPCs is based on the premise that CPCs must consider the impact on the individual child and be mindful of his or her daily lived experience. Such practice was limited in the sample of CPCs considered in this study. In particular, time in meetings was often spent on a ‘checklist’ of general items such as health or education, without discussion of how issues and problems were impacting on a child’s welfare. This checklist-driven approach can lead to limited consideration of the child as an individual. Child-centred practice should generate a holistic picture of the individual child and his or her home and family life, and this appeared difficult to achieve in the CPCs in this study.

Children’s participation is a key element of child-focused practice. Since the 1990s, there has been increasing recognition of the importance of children’s rights to participation in CPCs (for example Cossar *et al.*, 2014; Meunch *et al.*, 2017). However, the limited way in which children’s voices were included and heard within the conference process suggests that children’s rights are being overlooked. In this study, children’s participation was low and there was limited use of the available mechanisms such as advocacy or children’s views forms to facilitate this. Similarly, the voice of the child was not always represented in practitioners’ pre-conference reports. While some studies have explored how children’s views are referenced in conference minutes (Bruce, 2014), this analysis of both recorded conference proceedings and multiagency reports provides a close-up picture of children’s involvement in CPCs as both subjects and participants. Examination of the child protection plan in conjunction with a recording of the conference proceedings has not been undertaken in any previous research studies.

Schofield and Thoburn (1996) argued in the 1990s for inclusion of an agenda item to consider children’s views, but this was not routine practice in the two LSCB areas studied. Since undertaking the research, the participating LSCBs have revised their guidance on children’s participation in child protection processes to include encouraging the contribution of children’s views via a range of formats. Developments in mobile phones and other technology mean that it is now easier for children to contribute their views through videos or voice recordings. Yet social workers or other practitioners still need to facilitate this and represent the child’s views in the CPC.

The final element of child-focused practice, concerning child-focused outcomes and plans, is reliant on child-centred practice throughout the conference process. The research found that there was a lack of detail about the individual child and his or her daily experience throughout CPCs: in reports for conference, CPC discussion and the child protection plans produced. Euphemistic language and a lack of clarity in CPCs can mean that practitioners and families are unclear about what is required to change, as other studies have highlighted (Appleton *et al.*, 2015; NSPCC and SCIE, 2016). In the absence of sufficient detail and clear measurable outcomes for the child, it is difficult to create a functional child protection plan. Linked to this problem is the limited amount of conference time dedicated to planning, which again echoes earlier research (Farmer and Owen, 1995) and suggests that conference practice in this

respect has not changed greatly since the 1990s. This study showed that planning and discussions were frequently not child-focused, and that plans were often of poor quality, perhaps reflecting the limited time dedicated to this task. Conference chairs face a difficult job in managing long and complex meetings, often for multiple children. Additional training for conference chairs is recommended. Furthermore, alternative formats for organising CPCs may be required to facilitate greater focus on the child.

Conclusion

Conferences are a central part of UK child protection procedures. They are influenced by the context in which they are conducted, which can shape the extent to which they are child-focused. The CPC model is relatively unchanged since its inception in 1974, and a drive for children's participation has been introduced without consideration of whether the existing model can accommodate this. Government inquiries and analysis of Serious Case Reviews have repeatedly emphasised the importance of children's participation in child protection processes and identified the dangers of not including children, but three decades of research illustrate the difficulties that practitioners face in implementing such recommendations. A rights-based approach to developing and rethinking CPC procedures is needed to ensure that these meetings are child-focused. Child-focused practice goes beyond simply increasing children's participation; it requires attention to pre-conference activity, CPC discussion and child protection plans that consider the individual child and his or her daily lived experience. Such an approach requires increased staff resources to allow more time for direct work with children and families. Furthermore, the findings of this research suggest that further training and support for staff who attend and chair conferences are needed to improve the quality of pre-conference reports and competency in meetings. If CPCs are to be fit for their purpose of protecting children at risk of harm, it is essential that their processes and procedures are reviewed and rethought to ensure that they are truly child-focused events.

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