

Child Protection Conference Agenda

1. CONFERENCE RULES AND PROCEDURES

1.1. Principles/ Confidentiality/ Health & Safety / Equal Opportunities / Complaints/Decisions

2. INTRODUCTIONS & APOLOGIES

2.1 Chair to lead introductions and apologies

3. FAMILY AND NETWORK DETAILS

3.1. Review the genogram including who's living in the family home and what family/network members have been brought into safety planning

4. WHAT HAS GOT US TO THIS POINT?

4.1. Family and network to share their understanding of why we are here today

5. WHAT ARE WE WORRIED ABOUT/ WHAT'S WORKING WELL?

5.1 Mapping conversation with family, network, and professionals

6. CHILD AND PARENT'S INVOLVEMENT

6.1. Direct work to be shared
6.2. Parents involvement

7. ANALYSIS AND JUDGMENT

1.1. Review all Danger Statements, Safety Goals and Safety Scales
1.2. Does there need to be another Danger Statement?
1.3. IRO overall progress and Safety Scale

8. CONFERENCE DECISION

- Considering the discussion in the conference, should the child be supported by a Child in Need plan or a Child Protection plan?
- Please consider and outline the recommendations from each professional as to whether the child should be supported by a Child in Need plan or a Child Protection plan

9. WHAT NEEDS TO HAPPEN?

9.1. Review/pressure test safety plan
9.2. Contingency planning
9.3. Conference actions
9.4. Core Group members

Decision Making Guidance

Threshold for a Child Protection Plan - Cumbria Safeguarding Children Partnership (CSCP)

The conference should consider the following question when determining whether a child requires a multi-agency child protection plan:

- Has the child suffered significant harm? and
- Is the child likely to suffer significant harm in the future?

The test for likelihood of suffering harm in the future should be that either:

- The child can be shown to have suffered maltreatment or impairment of health or development as a result of neglect or physical, emotional or sexual abuse, and professional judgement is that further ill-treatment or impairment is likely; or
- A professional judgement, substantiated by the findings of enquiries in this individual case or by research evidence, predicts that the child is likely to suffer maltreatment or the impairment of health and development as a result of neglect or physical, emotional or sexual abuse.

If a child is likely to suffer significant harm, then they will require multi-agency help and intervention delivered through a formal child protection plan.

Discontinuing a CP plan: The conference should use the same decision-making process to reach a judgement for when a protection plan is no longer needed. This includes situations where other multi-agency planning might need to replace a protection plan.

N.B Professional disagreement should not detract from ensuring a child is safeguarded. Disagreement may happen between professionals within the meeting or while working with the child/ren or family.

Disagreements should be able to be resolved with discussion. Where disagreements cannot be resolved agencies need to follow the Escalation Policy and Procedure which can be found [here](#).

Categories for Child Protection (Working Together to Safeguard Children 2018)

Sexual Abuse	Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
Physical Abuse	A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
Emotional Abuse	The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

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Neglect	<p>The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none">a. provide adequate food, clothing and shelter (including exclusion from home or abandonment)b. protect a child from physical and emotional harm or dangerc. ensure adequate supervision (including the use of inadequate care-givers)d. ensure access to appropriate medical care or treatment <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>
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