



## Child Protection Conference Induction Pack

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## 1. Introduction and Context

As you are aware, Swindon's style of child protection conferences has changed over the past year. This is to align us much more with the Family Safeguarding Model. As those of you who attend conferences know, some changes have been expedited because of the Covid-19 pandemic. The best outcomes for children are when there is full family participation in the process supported by a network of professionals and others to ensure the child is safe on a daily basis and for their future to a point where the local authority would not need to be involved. Professional led plans do not respect the strengths families contain or allow for family directed plans to be developed and often fail. Long-term outcomes for children are based on building resilience at the community, family and the child's level; by building this resilience the child becomes less vulnerable. The underpinning theory of this model is outlined at appendix 1. Below are some frequently asked questions to provide some context.

### **Why are we changing how we do conferences?**

In Swindon, historically (March 2019) the number of children subject to child protection (CP) plans was much higher than our statistical neighbours, we didn't always have the right children subject to the right form of intervention, a number of children have remained subject to Child Protection (CP) plans for longer than 2 years. All agencies are eager to work with families and improve the outcomes for children of Swindon. However, the way we have been doing this has not been consistent and has not always had the family at the heart of the process.

### **How have we not been family focused?**

- We insist the family must 'engage' with us
- If families are not 'engaging' we look to escalate
- We use a lot of jargon and talk about worries
- We tell families what the plan should contain
- We tell families what the contingency plan will be

### **Below are some examples of how we will be more family focused.**

- We will work alongside the family and not use the word 'engage' in plans.
- If we are not working very well with a family we will look to change our interventions to accommodate the family.
- We will think 'outside the box' and what is it we have to do differently.
- We will use wording in the conferences that is easy to understand and we will talk about risks.
- Parents will tell us what they think the plan should be (and we will use their own words when they tell us).
- The contingency plan will be family led.

### **What will the changes mean for you?**

#### **Pre conference;**

- You will all get **at least** 6 days' notice for invites for ICPC's.
- You will get **at least** 15 days' notice for RCPC's (although you will put these dates in your diaries at the previous conference).
- We will write directly to children and offer them different ways of being able to be involved with this process, including the chair meeting alone with the child in a neutral venue.

- The multi-agency report template for conference has been changed and will include the words risk, not worries ([click here](#) to access the report template).

### **During conference;**

Chairs will be trained in motivational interviewing techniques, which means that the questions being asked are more open. This will enable chairs to empower parents much more and be more inclusive in the meeting. (Family Safeguarding Model).

The focus of the conference will be;

- a) What are the risks that need to be addressed? (Risks)
- b) What has been the impact on the child(ren)? (Impact on Child)
- c) What does the child feel / say about this? (Child's Voice)
- d) What positive factors affect the impact? (Strengths)
- e) The plan will be produced live in the conference and will be prior to the decision regarding significant harm being made.
- f) Parents will be empowered to produce the plan – ultimately it is their plan.
- g) All professionals will participate fully in producing the plan and will make suggestions for what they can provide for the family.
- h) The contingency plan will be family led.
- i) Once the plan is produced all professionals will give their view regarding the threshold for significant harm and whether this it is met or not.
- J) All professionals will give their view as to which is the most relevant category of abuse
- k) There will be no danger statement. There will be no scaling.
- l) If the actions listed are more about the child's well-being or access to resources then the conclusion might be that the threshold for significant harm is not met and the child should be made subject to a child in need plan.

### **Post conference;**

- You will receive the plan within one working day of the conference (whilst covid – restrictions are in place you will receive the plan with 3 working days).
- You will receive the notes of the conference within 20 working days of the conference.

## **Professional Roles and Responsibilities**

For this process to be effective professionals should ensure they are sharing their reports with families in advance of conference ( apart from the Police ) and submitting them with timescales to the [SQA team](#) so that they can be sent electronically to attendees in advance as per the SSP Child Protection Standards ([Multi Agency Standards for Safeguarding Children 2020](#)).

### **What is my contribution as a professional attending a Child Protection Conference?**

You will be invited to participate in a child protection conference if the family have identified you as having a key role in their life. This might be supporting a parent or teaching a child.

You will be expected to attend having prepared for the conference and be clear about how you can provide high support and high challenge to the family and to other professionals in order to progress the plan.

At the conference you will be expected to support the family to explore:

- ✓ What has happened, and any harm that has been experienced or the risk of harm that is perceived.
- ✓ The impact this has had or is having on the child/ren.
- ✓ How the family feel about what has happened or is happening.
- ✓ How the family want to make things better and keep their child/ren safe.

The important element of the conference is that discussion is facilitated in a non-judgemental and non-blaming way, and that professionals hang on to the aspiration that the family can, with the right support, make things better. This means that professionals have a responsibility to be mindful about their language and their behaviour so as to be able to work with the family to repair the harm identified.

### **What is my contribution as a professional and the role of the Core Group?**

The professionals identified by the family and conference to support them making things better and make the child/ren safe will, together with the family, form the core group of people working on the child protection plan. This core group will meet within 10 days of the ICPC and then every 4 weeks subsequently to talk about the plan and review its progress:

- ✓ How the plan is being implemented for the family and how well they are progressing with it,
- ✓ Whether the risk and harm for child/ren is/has reduced.
- ✓ Whether there are any barriers for professionals to implement the plan. Where this has been identified, the CP chair or any professional should address this issue through the SSP Escalation Policy.

If you are part of the identified core group, it is essential that you attend core group meetings and child protection conferences. If you are not able to attend the core group meeting or child protection conference, you **must** ensure another member of your agency attends to represent you and that you fully brief them. This is particularly important at child protection conferences, as without a representative from your agency, the meeting may not be able to go ahead because it is not quorate.

The role of the professionals within the core group is to work with the family to achieve the outcomes laid out in the plan by completing the actions agreed at the child protection conference. The progress made by the family will be reported back to the review child protection conference. The professionals in the core group will be expected to provide high support and high challenge to each other for the benefit of the child/ren and family.

### **What is my contribution as a professional attending the review Child Protection Conference?**

The first review conference will be facilitated 3 months after the initial child protection conference and then every 6 months thereafter. (If there is a baby born while its siblings are on a plan a conference will take place within a month of its birth).

The purpose of the review conference is to consider the progress the family and professionals are making to implement the plan. Those attending the conference will need to consider whether there have been any further risks, or not, and how the family are progressing with their plan to make things better. The family will be at the centre of this meeting, supported by their core group of professionals, to talk about the things that are going well and any things they are finding difficult.

When the core group are confident that the family have reduced the risks and made things better, the protection plan can be ceased at the review conference or 'stepped down' to a child in need plan if the family require further support to meet the identified needs of the children.

## 2. 7 minute briefs and procedures

7 Minute briefs provide a short briefing for staff on key topics. These can be found on the [Swindon Safeguarding Partnership \(SSP\) website](#). Also included below are links to the full document accessed via the procedures page.

- 7 minute brief - Child Protection Standards (Multi Agency Standards for Safeguarding Children 2020). [7 Minute Brief - Child Protection Standards - Swindon Safeguarding Partnership](#)
- Procedure - Child Protection Standards (Multi Agency Standards for Safeguarding Children 2020). [Multi-Agency Standards for Safeguarding Children 2020 - Swindon Safeguarding Partnership](#)
- 7 minute brief - Child Protection Conference Model [7 minute brief CP Conference Model - Swindon Safeguarding Partnership](#)
- Procedure – The Right Help at the Right Time - [Right Help Right Time 2020 - Swindon Safeguarding Partnership](#)

### 3. Multi-Agency Child Protection Conference Report

To access the form [click here](#).

#### **Top tips on completion.**

Ensure all information is accurate with correct spellings.

Please provide as much detailed information as possible.

**For the following sections there is some guidance regarding information to include.**

#### **Overview of your agency's involvement with child/family**

- *If known, when was the original referral received and who made this?*
- *The type of service you provide and who you are working with*
- *How well is your service used?*
- *Progress*
- *Challenges / barriers to progress being made*

#### **Historical Concerns?**

- *Information about previous concerns or factors from the parent's own childhoods which could increase the risk.*
- *Have there been any other children of these parents whose children were subject to Child Protection plans or Looked After?*

#### **What are the risks?**

- *What factors do you consider to pose risk of significant s harm or increase the risk of harm to the child/children?*

#### **What is the Impact on the Child?**

- *What is the lived experience of the child?*
- *What is the impact of this situation on their safety, health and well-being?*

#### **What are the strengths of the family?**

- *Strengths which you believe reduce the risks of harm to the child/children or help to ensure safety.*
- *Is there supportive extended family?*
- *Who does the child see as a safe adult and who do they got to for support?*
- *What are the resilient factors?*

**Please note:** It is the responsibility of all agencies who have participated in a child protection enquiry or who have relevant information to make this available to the conference in the form of a legible and signed report. The report should be provided to parents at least 2 working days in advance of initial conferences and 5 working days before review conferences.

If you wish to observe a child protection conference please contact the [SQA team](#) to request this.

## 4. Shared Language

It is important that as a partnership of professionals working with families that we have a shared understanding of language. Below offers the meaning behind some of the language we use.

### **Harm**

Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and places a duty on local authorities to make enquiries (Section 47) to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

In addition, 'harm' is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include 'impairment suffered from seeing or hearing the ill treatment of another' for example, where there are concerns of domestic abuse.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.

Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.

Sometimes 'significant harm' refers to harm caused by one child to another (which may be a single event or a range of ill treatment), which is generally referred to as 'peer on peer abuse'.

The children who are considered at Initial Child Protection Conferences (ICPC) are those where 'significant harm' is evident. They are NOT children that we are 'worried' about.

### **Risk and Impact**

The focus of a conference will be to identify what the risk is for the child and assessing what the strengths are (what positive and protective factors are there to reduce the risk of significant harm) so that impact of that risk can be determined. The impact must be considered from the child's lived experience and the affect that it has had on them.

The conference will analyse the information and assessments from all professionals so that the future risk and harm for the child are reduced through the plan that is developed. The plan is based on each element of risk.



## **Restorative Practice**

Restorative practice is about creating and maintaining respectful and trusting relationships. It is about working WITH people, rather than just 'doing to' or 'doing for'. It is about professionals building relationships that are child centred but involve the whole family. Recognising that to support parents and sustain change we need to support parents to care for their children, not just repeatedly assess or criticise. We need to provide practical support and recognise that families are the experts in their lives and their strengths and goals will be central to our approach.

## **Family Safeguarding Model**

Swindon has been successful in achieving funding from the Government Innovations Programme for Children's Social Care to implement the Family Safeguarding Model. This will start in April 2022. This will enable Swindon's child protection approach to implement a whole system reform. This model was developed in Hertfordshire and has been successfully evaluated and will lead to improved outcomes for children and their parents. It focusses on supporting the needs of the children and adults so that children can remain safely within their families. It brings together a partnership including police, health (including mental health), and probation and substance misuse services. Key elements include specialist workers with domestic abuse, substance misuse and mental health expertise joining social work teams; training in Motivational Interviewing as a framework for practice for all staff; a move to group discussions; and structured tools to support direct work. It uses an electronic workbook which provides a single data tool for all professionals, increasing information sharing between professionals.

## **Motivational interviewing**

Is an approach on how to speak to a person to help them move from their ambivalence and uncertainty to be more able to start to change.

This is how we as professionals, especially the chair, speak to family members. We want to be able to support family members to understand why we are saying what we are saying, but this is not confrontational. It is done in a manner that can enable parents to continue to be respected for their views and praised for the positive aspects of this, whilst at the same time giving them giving information that can help them to question their current position. It is in effect the 'but' after a statement has been made, but is done in a very gentle way and the word but is not used, as this can close a family down.

## **Relationship-Based Practice**

Over the last 3 years Swindon Borough Council have invested in training for staff on Relationship-Based Practice. This training focuses on effective relationships being central to successful outcomes. It is about creating relationships with families which provide opportunities for them to change, and which are clear about the consequences if change cannot be achieved. The relationship between the practitioner and the family is recognised as an important source of information for the worker to understand how best to help and simultaneously this relationship is the means by which any help or intervention is offered and channelled.

## **Outcome focused Plans**

Outcome focused means putting the child at the centre, identifying what is important in their life, ensuring that everyone around them is working together to achieve the same purpose of maximising that child's quality of life and reducing the risk of harm they are suffering. All outcomes must be child focused, as their well-being is the priority.

## **Outcomes and Actions**

Outcomes are the overarching goals that are intended to be achieved for the child, they are part of an umbrella spectrum and are not generally measurable.

Actions are specific, precise and measurable and describe how the outcome is going to be achieved. Actions must always have at least one named person pursuing it, but very often there are multiple people – including family members and professionals doing this.

## **Contingency Plans**

Contingency plans are defined as a course of action designed to respond to an incident that may, or may not happen. They can also be referred to as the 'back up' plan or 'Plan B' or the safety net. They should identify key support people and will ideally be designed by the family themselves. The chair will ask families what do they think should happen if there is another incident? (E.g. Dad will stay out of the home, at his sister's house, if he is going to get drunk and there is a risk he will be violent)

The contingency plan may also need to consider as a group, what are professionals going to do if the parents are not making the necessary changes to keep the child safe? What do professionals have to do differently to effect change with the parents?

## **Dissent/Formal Dissent/overtaking the decision from conference**

Due to the CP chair's level of experience, they are ultimately responsible for ensuring that the threshold regarding the outcome for the child includes implementing the appropriate level of safeguarding required. When conference professionals reach a split decision, it is the chair's decision that will conclude the level of safeguarding required. However, this also includes occasions when the chair believes that the decision around the appropriate level of safeguarding the child has not been met and can result in the chair over-turning the multi-agency decision made by conference; this is to enable both a CP plan and CIN plan to be made.

When this happens the professional conference members are asked if they agree with the chair's decision. If they do not, they may wish to dissent. This means that their disagreement will be recorded in the Notes, but no further action will be taken. They must tell the chair that they are dissenting.

If they strongly disagree with the chair they will be asked if they wish to formally dissent. If they do, this means that it is recorded in the CP Notes, and there is a process that the chair must follow which enables the information from conference to be reviewed and analysed by the Team Manager (TM). The result may be that the TM upholds the formal dissent and the chair's decision is overturned. It can also result in the TM not upholding the formal dissent and the chair's decision remaining. All parties who formally dissent will be advised of the outcome and can further escalate this, if they wish.

### **Long Plan Policy**

Ultimately when a child is subject to a CP plan it is decided that the child is suffering, or likely to suffer significant harm. Any form of significant harm is damaging to every child in various forms, including, but not exclusively, to their development, health, self-esteem, education and options in later life. As a result no child should remain subject to a CP plan for longer than necessary. Swindon has a specific policy concerning children who are subject to CP plans to ensure there is regular and relevant oversight and intervention by the CP chair and their manager to prevent any child reaching to the two year point, without other interventions having been implemented.

The DfE request information from every Local Authority regarding all children who been subject to a CP plan for more than 2 years.

### **Dual Plan Policy**

This concerns children who are subject to a CP plan, but who are also subject to another care planning process, such as children who are looked after or who are subject to any court orders, such as interim supervision orders, supervision orders or interim care orders.

It has been noted by family members that to enable them to have the best chance of effecting the necessary changes for their children, they themselves benefit from following only one plan for their child. To avoid any confusion or contradiction when children are made subject to more than one plan, Swindon adopts the dual plan policy. This plan describes in which circumstances the child no longer needs to remain subject to a CP plan, and how multi agency discussion and agreement will be reached to achieve this. It also details how professionals and family members will be notified of the cessation of the CP plan, and by whom.

## 5. Child's Conference

***Unfortunately due to Covid 19 this element of the Phase One – Towards a Safeguarding Model has not yet been progressed and we are as yet unable to offer children their own conferences. It is anticipated that this offer will be reviewed with children and young people aged over 12 years of age in Autumn 2021.***

It is accepted that child protection conferences can be overwhelming and too scary for children and young people to be able to attend, and this is corroborated by the feedback that has been received from young people who have previously attended their conferences. As a result it is anticipated that ultimately children and young people can be offered their own conference. This will involve the young person, someone to support the young person, chair, social worker and note taker and will be a very relaxed situation which enables the child to be able to speak openly and freely, but in a safe environment about how best they feel they need safeguarding. During this meeting the child's Plan will be designed, which will then feed into the Plan that is produced in the 'main' multi agency conference that is also attended by family members.

### **Offer to Children**

***Unfortunately due to Covid 19 this element of the Phase One – Towards a Safeguarding Model has not yet been progressed as much as had been anticipated.***

This offer will be different for separately aged children for RCPC's.

ICPC's;

All children will be sent a letter explaining what a CP conference is and asking for their views. This document is being designed in collaboration with children and young people to ensure that they are written in an age appropriate manner and do not give the child any information they are not already aware of.

The child will be then be asked to relay their views in one of two ways;

- They will be sent an ICPC questionnaire form to complete that asks specific questions about how safe they feel. It is anticipated this could be electronic. This will need to be completed with an adult, ideally the social worker or school or a professional who the child has a positive relationship with
- They will be invited to speak to an advocate who will record their views, which will then be presented to conference RCPC's

All children 5-12 will be;

- Sent an RCPC questionnaire form to complete that asks specific questions about how safe they feel. This will need to be completed with an adult, ideally the social worker or school or a professional who the child has a positive relationship with.
- Invited to speak to an advocate, who will write their views, which will be presented to conference

All children over 12 will be;

- Sent an RCPC questionnaire form to complete that asks specific questions about how safe they feel. This form will detail in a child friendly manner the reasons as to why they are subject to a CP plan. This form will need to be completed with an adult, ideally the social worker or school or a professional who the child has a positive relationship with.

- Invited to speak to an advocate who will write their views, which will be presented to conference
- Invited to attend the conference. They must be accompanied by an advocate (this does not have to be Coram Voice) – they must not be expected to attend with their parents alone. If they are attending the conference, they must speak to the chair prior to the conference. During this conversation, specific questions for the child will be agreed in advance of the conference, so that there are no surprises. It will also be decided between the child and the chair what the child will do if they are becoming uncomfortable, or wish to leave the conference.

## 6. Guide to a good plan

<p><b>You are an important part of this conference and need to identify risk and contribute to producing this Plan.</b></p> <p><b>The risks in the assessments and reports for this conference need to be addressed by this plan.</b></p>
<b>Are the Risks clearly described and specific?</b>
<b>When you read / see the Risks do you immediately understand why this child is subject to this Plan?</b>
<b>Are all of the Risks addressed in the Outcomes?</b>
<b>Are the Outcomes child focused?</b>
<b>Are the actions directly related to the Outcome they are under?</b>
<b>Does every action have a clear date?</b>
<b>Does every action have a professional and / or family member who is responsible for this?</b>

### Contingency plan

<b>Is the Contingency Plan family led? Does it explore the use of extended family and friends?</b>
<b>Is the Contingency Plan specific to each child?</b>
<b>Does the Contingency Plan identify a proportionate response to the risks?</b>
<b>In every core group the Plan must be reviewed and progressed, including making relevant changes to the actions.</b>
<b>There is an expectation at the next Conference this Plan will have been developed</b>

## **Significant harm and categories of abuse**

The decision about whether or not the threshold is met for a child or young person to be made subject of a Child Protection Plan must be made based on the evidence shared from all agencies in the Conference, that demonstrate a child is suffering, or is likely to suffer, significant harm.

Significant harm occurs when a single traumatic event or more often, a lot of small events or issues interrupt, change or damage a child or young person's physical and/or emotional psychological development.

When deciding whether or not the threshold for significant harm is met, consider the following:

- The seriousness and degree of harm;
- How often and how long has it been going on;
- Is it deliberate and planned or as a result of uncontrolled behaviour;
- How much has the child or young person been forced, and/or threatened or influenced;
- The likely impact on the child or young person now or in the future.

If the decision is made that the threshold has been met for a child or young person to be made a subject of a Child Protection Plan, then consideration must be given to which category of abuse is the most relevant.

### **CATEGORIES OF ABUSE**

Abuse is a form of treating a child or young person in a way that harms them and this could be deliberate or not. Somebody might abuse a child by causing them harm, or by not doing something to stop the child being harmed.

#### **Neglect**

On-going failure to meet a child or young person's physical or psychological needs, which is likely to seriously affect the child's health or development. Neglect may occur in pregnancy if a mother misuses drugs or alcohol. Once a child is born, neglect may include a parent or carer not giving enough food, clothing or shelter; not protecting the child from harm or danger; not making sure there is proper supervision; not making sure there is proper medical care or treatment or not being responsive to a child or young person's emotional needs.

#### **Physical Abuse**

May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. This could also include a child being physically hurt due to either trying to protect someone being physically hurt or getting hurt when someone is being physically aggressive in their presence.

#### **Sexual Abuse**

Involves forcing or tempting a child or young person to take part in sexual activities whether or not the child or young person is aware of what is happening. The activities may involve body contact, including inserting things, for example, rape or oral sex or doing things such as masturbation, kissing, rubbing, touching outside the clothing. It may also include involving children in looking at, or making sexual pictures, watching sexual activities, encouraging children to behave in sexual ways that are not appropriate or preparing a child or young person for such abuse.

#### **Emotional Abuse**

Affects the child's emotional development and may involve the child believing that they are worthless or unloved, not good enough, or valued only because they meet the needs of others. It may include not giving the child or young person the chances to say what they think, deliberately keeping them quiet or 'making fun' of them. It may include expecting children to do things they aren't able to do or being overprotective and limiting children exploring and learning. It may involve seeing or hearing someone else being hurt, may involve serious bullying, including 'cyber' bullying i.e. through internet

and via social networking sites, such as Facebook, which makes children feel frightened, suicidal or in danger.

***Some emotional abuse is involved in all types of abuse though it may occur alone.***



## Agendas

### Agenda for an Initial Child Protection Conference

#### PART ONE – PRACTICAL

##### **1. WELCOME AND INTRODUCTIONS**

All Attendees to a conference being held in the Civic Offices will be asked if they have any Covid -19 symptoms; if they do they will be asked to leave immediately and appropriate procedures followed. If they do not have any symptoms, this will be recorded in the Notes of the conference.

##### **2. CHAIRS OPENING STATEMENT**

This meeting is being held as part of Swindon's Child Protection procedures.

We will be discussing highly confidential information and this must not be shared with anyone outside of this meeting without the Chair's consent.

Everyone will be treated with respect, and will respect each other's views.

If professionals do not agree with the outcome of this conference, they must use the escalation policy to raise this.

If parents are not satisfied with this process, then they can make a formal complaint.

This conference is being held to decide if the child(ren) is suffering, or likely to suffer significant harm and whether they need to be made subject to a Child Protection Plan, or not.

**3. DETAILS CHECK** names, dates of birth of the children and all household members; addresses for all parents and significant others.

**4. APOLOGIES RECEIVED** who has sent their apologies, is this Conference quorate? (i.e. Social Care plus two other agencies)

**5. REPORTS RECEIVED** which agency has provided a report, and that this has been shared with family prior to the conference.

#### PART TWO - INFORMATION SHARING

##### **6. RISKS - WHY ARE WE HERE AT INITIAL CONFERENCE?**

What are the risks to the child(ren)?

##### **7. WHAT IS THE IMPACT ON THE CHILD?**

What is life like for the child(ren) because of the risks that are harming them?

##### **8. CHILD'S VOICE**

What is the child's view of the situation?

##### **9. STRENGTHS - WHAT ARE THE STRENGTHS?**

What is improving the safety of the child?

### **PART THREE - PLANNING**

#### **10. THE PLAN**

To include child focused outcomes and a family led contingency plan; the plan needs to focus on reducing the risks to the children.

### **PART 4 – DECISION MAKING**

#### **11. DECISION**

Conference to decide if the child is suffering, or likely to suffer, significant harm and should have a Child Protection Plan to safeguard them, or not.

Refer to the definition of significant harm and the category cards; only one category of abuse to be used.

The Chair is able to change the decision of the conference if it is felt due consideration has not been given to the threshold of significant harm; if this occurs due process must be followed. It must also be clarified if any professionals wish to note their formal dissent to this change.

#### **12. MEMBERSHIP AND DATE OF CORE OR CIN GROUP**

#### **13. DATE OF NEXT REVIEW CONFERENCE, IF APPROPRIATE.**

## Agenda for a Review Child Protection Conference

### PART ONE – PRACTICAL

#### **1. WELCOME AND INTRODUCTIONS**

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We will be discussing highly confidential information and this must not be shared with anyone outside of this meeting without the Chair's consent.

Everyone will be treated with respect, and will respect each other's views.

If professionals do not agree with the outcome of this conference, they must use the escalation policy to raise this.

If parents are not satisfied with this process, then they can make a formal complaint.

This conference is being held to decide if the child(ren) is suffering, or likely to suffer significant harm and whether they need to remain subject to a Child Protection Plan, or not.

#### **3. DETAILS CHECK** household members and addresses

**4. APOLOGIES RECEIVED** who has sent their apologies, is this Conference quorate? (i.e. Social Care plus two other agencies)

**5. REPORTS RECEIVED** which agency has provided a report, and check that this has been shared with family prior to the conference.

### PART TWO - INFORMATION SHARING

#### **6. REVIEW THE PREVIOUS PLAN**

Do any amendments need to be made to this?

#### **7. RISKS - HAVE ANY NEW RISKS BEEN IDENTIFIED SINCE THE PREVIOUS CONFERENCE?**

Has anything **significant** happened since the last Conference that increases the risk of harm to the child?

#### **8. IMPACT ON CHILD? – HAS ANYTHING CHANGED?**

What is life continuing to be like for the child(ren) because of the risks that are harming them?

#### **9. CHILD'S VOICE**

What is the child's view of the situation?

#### **10. STRENGTHS - HAVE ANY MORE STRENGTHS BEEN IDENTIFIED SINCE THE PREVIOUS CONFERENCE?**

What is decreasing the risk of harm to the child?

### **PART THREE - PLANNING**

#### **11. UPDATING THE PLAN**

To include child focused outcomes and a family led contingency plan; the plan needs to focus on reducing the risks to the children.

### **PART 4 – DECISION MAKING**

#### **12. DECISION**

Conference to decide if the child(ren) is suffering, or likely to suffer significant harm and should have a Child Protection Plan to safeguard them, or not.

Refer to the definition of significant harm and the category cards; only one category of abuse to be used.

The Chair is able to change the decision of the conference if it is felt due consideration has not been given to the threshold of significant harm; if this occurs due process must be followed. It must also be clarified if any professionals wish to note their formal dissent to this change.

#### **13. MEMBERSHIP AND DATE OF CORE OR CIN GROUP**

#### **14. DATE OF NEXT REVIEW CONFERENCE, IF APPROPRIATE.**

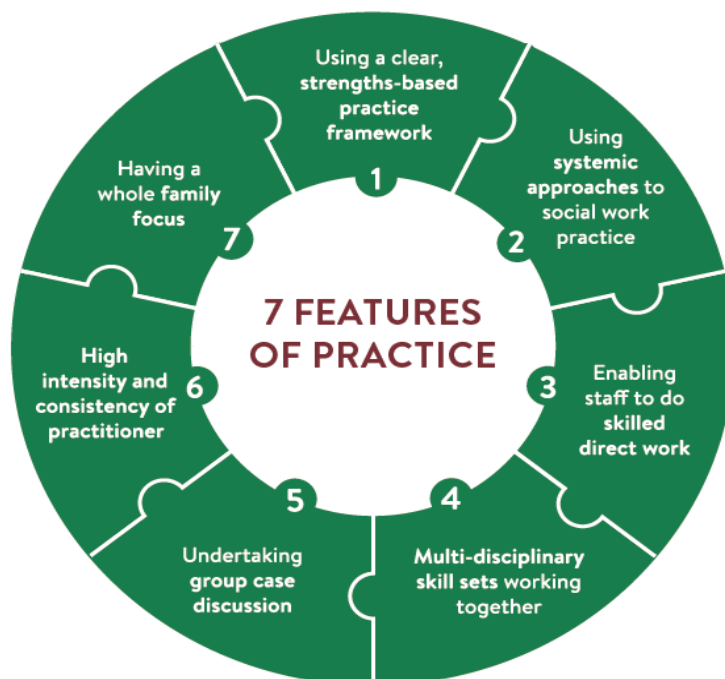
### **Child Protection Chairs authority to overrule the decision in Child Protection Conferences.**

In exceptional circumstances the Chair of the Child Protection Conference, in their role as independent Chair who has the statutory responsibility for safeguarding the child(ren), can formally change the decision that conference members have made regarding the threshold for a child protection plan.

Exceptional circumstances will include where no agreement can be reached within conference and with due regard for the threshold or where the Chair believes that there is a safeguarding need to override the majority or consensus view of the members of the conference in relation to making a child(ren) subject of a Child Protection Plan.

This decision should be based on their assessment of risk for the individual child(ren) involved and the rationale for the Chair's decision should be clearly recorded in the Conference minutes. Professionals are able to formally dissent against this ruling, which must be recorded within the Conference minutes. Any decision by the Chair to change the conference decision should be formally notified to the Director of Children's Social Work, the Service Manager and the Team Manager for Quality Assurance & Review Service within 2 working days of the decision. The Team Manager for Quality Assurance & Review Service will review the decision and determine whether there is a need to reconvene the Child Protection Conference or whether the decision should stand.

## Appendix 1



The elements of the developing conference model are based on:

1. A strengths-based practice framework – working alongside the child and family in a different way that harnesses their existing strengths and potential strengths to protect the child.
2. Systemic approaches to practice which focuses on relationships and recognises that individuals are always embedded in their social context which is complex. This has to start with understanding relationships within the family. Forming key relationships with the family and its nexus requires a fluid professional system built of clear professional responsibilities and ownership of the direct work with families. This will be reflected in the step up and step down of 'partnership ownership' approach to supporting the journey of the child through the system.
3. Enabling partners to undertake direct work with families in a sustained way over the lifetime of their involvement. All agencies do direct work with families specific to their role and skills, duplicating the same direct work with families confuses professionals and family members alike. Working together to define who does what kind of direct work to achieve child focused outcomes demonstrates a system that knows how to work together to help families thrive.
4. Multidisciplinary skill set working together. The benefit of multi-disciplinary approaches is greater than any agency working in silo, each discipline brings a range of skills which when combined to help and support families will maximise this potential through joint decision making.
5. Undertaking group case discussions. Single agency views or perspectives on a family are often one dimensional and rigid moving to a more fluid approach and comprehensive view of the families requires dialogue, discussion and challenge between all who work with any family at any point in time. Respectful and constructive challenge can only happen in a well-established team approach open to both internal and external perspectives.
6. High intensity and consistency of practitioner. Identifying a consistent professional with the capacity to provide intensive support requires a team approach and shared ownership of the

achieving the outcomes for the child and family this will mean anyone could be the consistent single practitioner across the partnership.

7. Having a whole family focus. Understanding the child in the family and the community they live in is key to having a family focus. Practice that focuses on only the child alone will miss the most important factors that influence them the most. Achieving outcomes for the child are not linear and require working with all aspects of their lives.

Further information can be found at <https://www.cypnow.co.uk/best-practice/article/seven-features-of-practice>. Also [Children's Social Care Innovation Programme: insights and evaluation - GOV.UK \(www.gov.uk\)](#)