# Conference rules and procedures

* 1. Fire Protocol / Confidentiality / Equal opportunities / Complaints

# Introductions & Apologies

# Family network

* 1. Check family details including who’s living in the family home
  2. Review genogram or equivalent

# Voice of the child(ren)

# Parents/carers views

* 1. Family to share their understanding of why we are here today

# Social Worker (with input from other agencies)

* 1. Danger Statements / What we are worried about
  2. Parenting Strengths / What is working well
  3. Safety Goals

# Chair’s summary

# Conference decision

* 1. Danger scaling / outcome / category (if applicable)

# WHat Needs to Happen

* 1. Plan Review (Safety Plan/CP plan/ CIN plan)
  2. Contingencies; what will happen if things don’t change or get worse

# Next Steps

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| ***For Child Protection Outcome*** | ***For Child In Need Outcome*** |
| * 1. Confirm Safety Network (Core Group)   2. Core Group Meeting Date   3. Review Child Protection Conference Date | * 1. Confirm Child In Need Meeting Date |

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| **Threshold for a Child Protection Plan (Cumbria LSCB)** |
| 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. |

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| *Scaling guidance* | **0** | **1** | **2** | **3** | **4** | **5** | | **6** | **7** | **8** | **9** | **10** |
| **Safety Plan** | 0 = This does nothing to keep the child safe | | | | | | 10 = Confident the safety plan will keep the child(ren) safe | | | | | |
| **Danger Scaling** | 0 = If nothing changes for the child in the care of the parents, we are certain that he/she will suffer harm or not get the care necessary to grow up safe and well | | | | | | 10 = No concerns about how the parents are caring for the child and at most all that is required is for some time limited support from professionals | | | | | |

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| **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 meets 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. |
| **Neglect** | 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:  a. provide adequate food, clothing and shelter (including exclusion from home or abandonment)  b. protect a child from physical and emotional harm or danger  c. ensure adequate supervision (including the use of inadequate care-givers)  d. ensure access to appropriate medical care or treatment  It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs. |