Lexi Preston –
Service Manager
Safeguarding and
Reviewing Unit,
BMBC

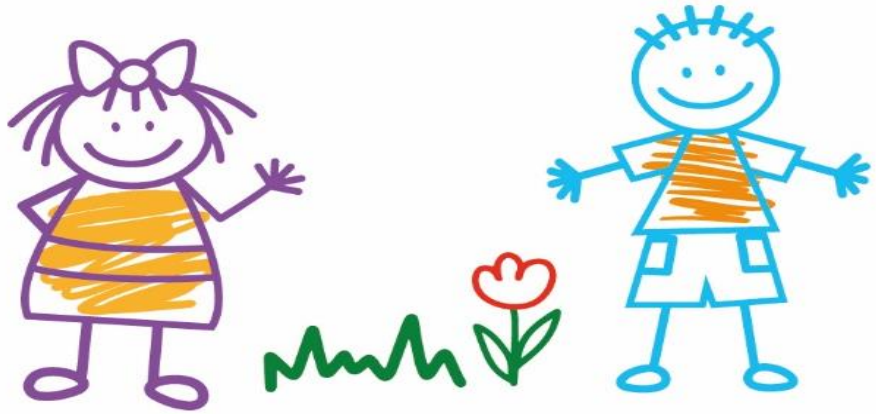
Role of the Child Protection Conference Chair

Chairs have a statutory function to chair child protection conferences independent of case management.

Quality assurance and accountability of the multi agency network.

Ensure that statutory duties are being fulfilled.

Support and resolution for social workers and partners.



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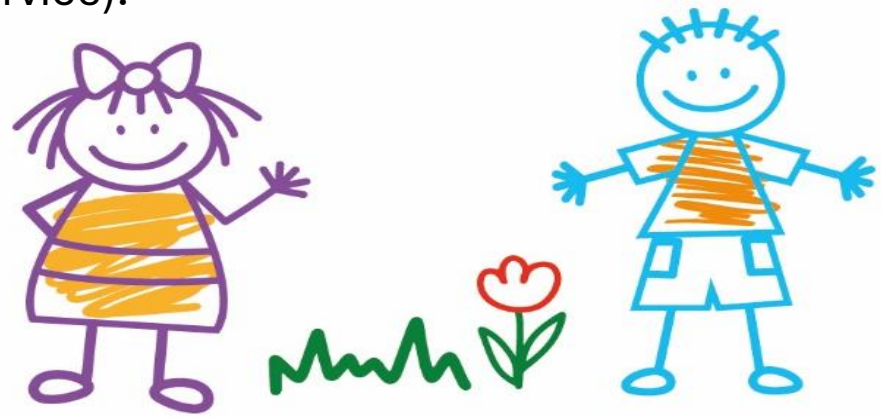
What is a Child Protection Conference?

A Child Protection Conference is a meeting between parents and carers, the child (where appropriate), supporters or advocates and those practitioners most involved with the child and family to discuss the risk of harm to the child/children.

Working Together to Safeguard Children 2023 provides statutory guidance on how conferences should be conducted and who should attend, as well as noting that all involved practitioners should: 'work together to safeguard the child from harm in the future, taking timely, effective action according to the plan agreed.'

A conference must be **Quorate.** It should have a minimum of the social worker and 2 other professionals from different agencies (E.g. The Police, Health, School, Nursery, Other specialist service).



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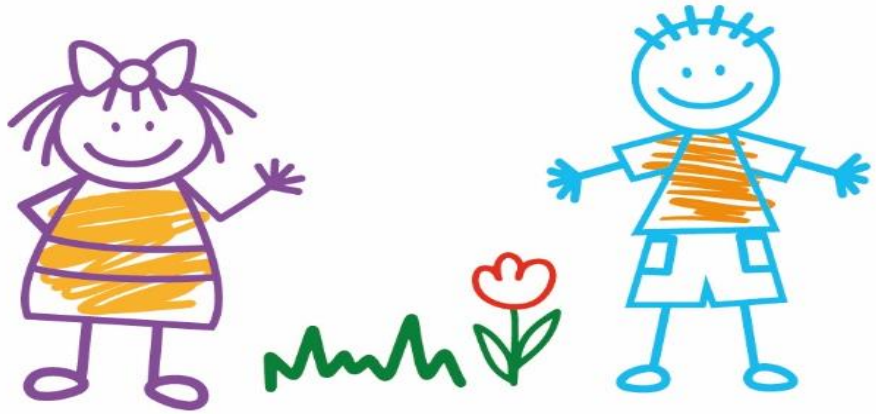
Timescales

The initial conference (ICPC) must take place within 15 working days of the strategy discussion. This is a statutory timescale.

The first RCPC takes place within three months of the ICPC to review progress of the Child Protection Plan.

RCPC's will then take place a minimum of every six months while the Child Protection Plan remains in place.



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Preparing for a Conference

Ensure that you have inputted to the strategy discussion.

Complete the ICPC report and share it with professionals and family at least **2 days** before the meeting.

Complete the RCPC report and share with professionals and family at least **2 days** before the meeting.

Be clear what you are recommending and why. Provide a clear analysis and clear scale. Provide the category of harm that is the primary risk for that child.

Share if there are any specific actions you can do in the plan or that you feel are needed for the plan to keep the child safe.

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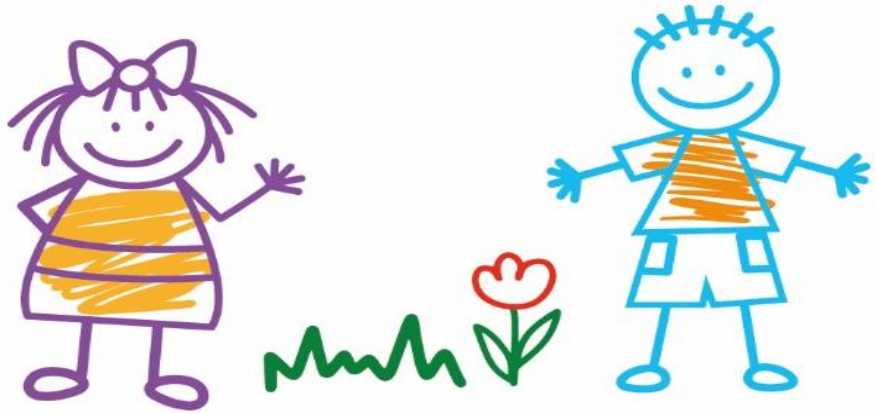
Conference Agenda

Introductions and apologies
Child voice (including any advocacy reports)
Family support and networks
Danger statement and safety goals
Review plan actions (RCPC only)
What we are worried about (What is the dangerous situation and how is it causing **HARM** to the child? What are the **complicating factors**)
What is working well (What are the **strengths** in parenting and wider network, how are these keeping children **SAFE**)
Chair summary
Decision and Recommendations (Scaling from 0-10) (Category of harm)
Finalise the Plan; including contingency plan and bottom lines
Date of next review and the Core Group; including who is a core group member



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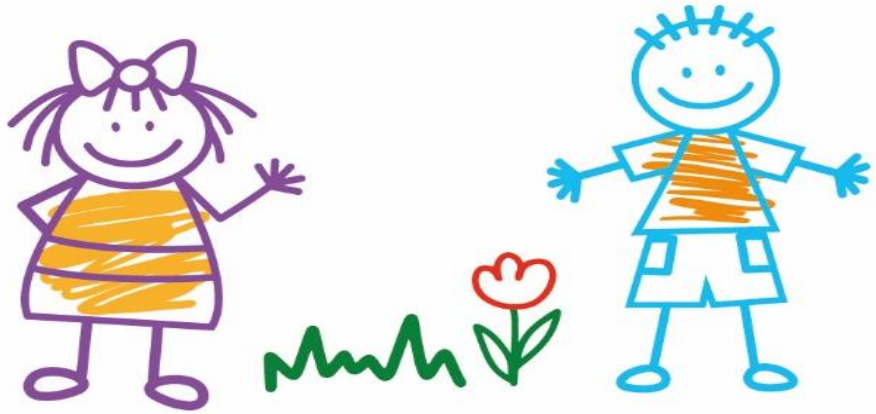
Categories of Harm

Sexual harm; Any form of sexual activity with a child under the age of consent

Physical harm; Any physical contact that results in discomfort, pain or injury

Emotional harm; Action or inaction by others that causes mental anguish

Neglect; Failure to identify and/or meet care needs



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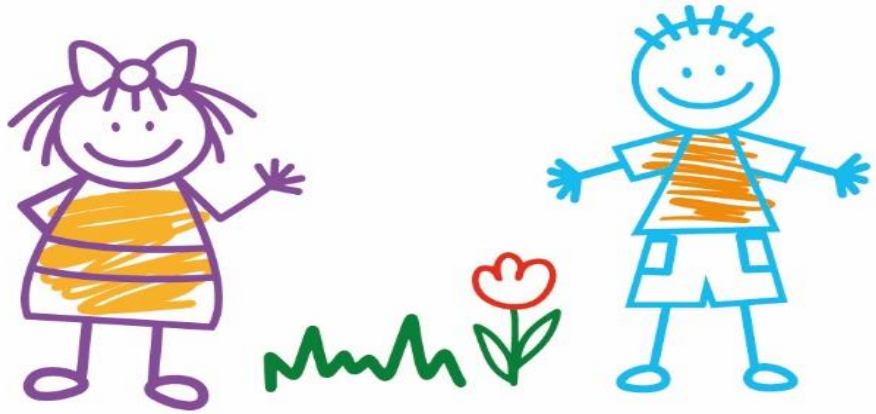
Why does the Category Matter?

Data collection - Every child who has a CP plan must have a category of harm applied.

The category of harm informs the Local Authority where targeted help is needed to improve outcomes for children.

Practice development.

BUT Most importantly, it tells the parent, carer and wider family your primary category of concern for their child and the child in the future why they were subject to a child protection plan.



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What Happens if the Child Protection Plan does not Progress?

The Conference Chair:
Midway review

Resolution and support process – internal

Escalation process - external

What you can do:
Inform the Team Manager and Conference Chair of issues early so they can escalate internally and with partner agencies.

Escalation to Lexi Preston if you have not received a satisfactory resolution.

Escalation to Keeley Bound if you have still not received a satisfactory resolution.

Escalation via the partnership (on the website) if the resolution has still not been satisfactory.

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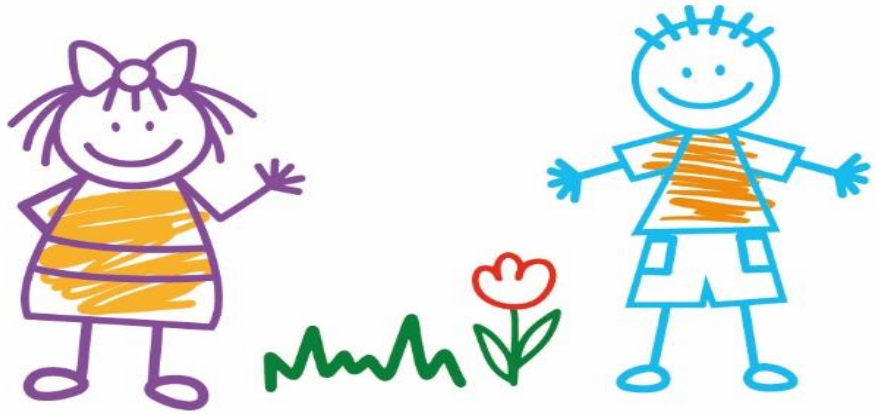
What Happens if all the Professional do not agree?

If the decision is split or if a majority decision cannot be reached; The Chairperson will make the decision whether the child should have a CP plan and give a clear rationale.

If the category of harm is not agreed; the Chairperson will decide the primary category of harm that should be recorded for the child



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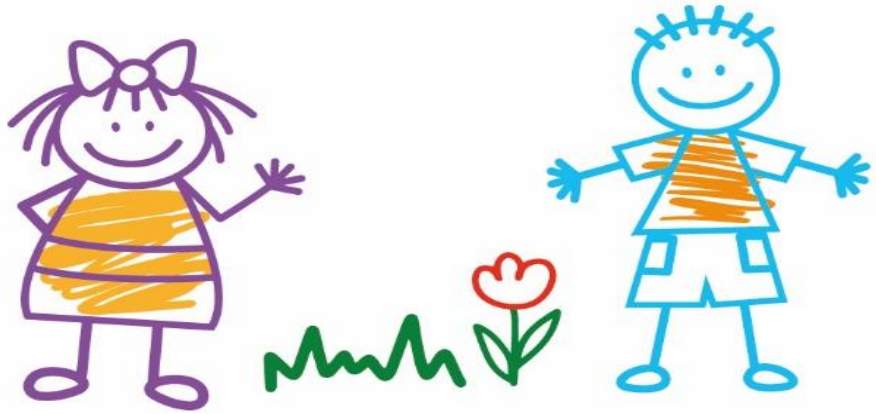
Resources

Child protection conference- guide for professionals.
https://youtu.be/KPDmwctjqes

Luke Rodgers (foster focus)
https://www.facebook.com/TraumainformedschoolsUK/videos/powerful-clip-from-luke-rodgers-how-we-think-about-a-child-may-reinforce-how-the/276837056658l654/

https://www.barnsley.gov.uk/services/children-young-people-and-families/safeguarding-families-in-barnsley/safeguarding-children-in-barnsley/safeguarding-information-for-professionals/



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Resources; continuum of harm

Danger and Safety exist on a continuum

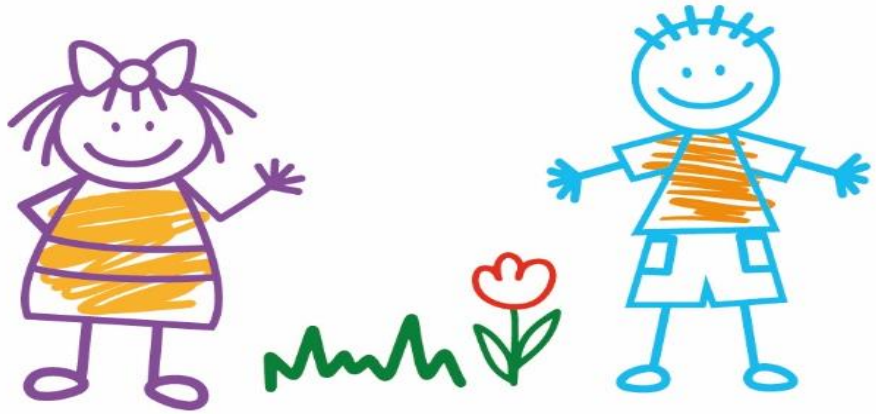
Harm/Danger	Risk	Safety
Danger is the state of not being protected from harm. Danger has the potential to cause **harm** or other adverse consequence to the child(ren). Highlight the dangerous person or thing that has happened and the impact on the child(ren).	Refers to likelihood that the dangerous thing will result in harm to the child. Risk fluctuates over time. Risk balances the acts of protection that mitigate the (actual or potential) harm to the child(ren)	Acts of protection that the care giver has demonstrated. The act of protection must mitigate each specific identified danger

The absence of danger does not equate to protective parenting

Resources; continuum of harm

Complicating factors	Strengths (supporting factors)
These are the things that are worrisome but in and of themselves have little or no harmful impact on the child.	These are the things that are going well in the family but do not rise to the level of an act of protection

Services do not equate to safety



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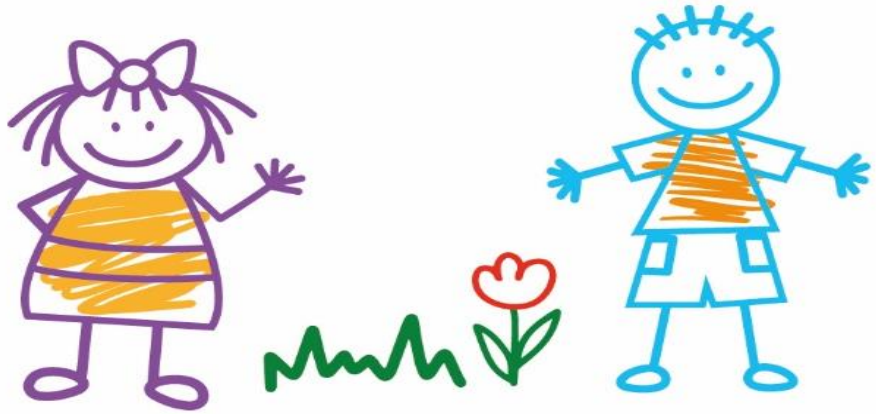
Resources; categories

Emotional:

Emotional harm is the emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

- It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- It may feature age or developmentally inappropriate expectations being imposed on children.
- It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.
- It may involve children witnessing aggressive, violent or harmful behaviour such as domestic violence.

Some level of emotional harm is involved in all types of ill-treatment of a child (grooming, harassment, inappropriate emotional involvement), though it may occur alone.



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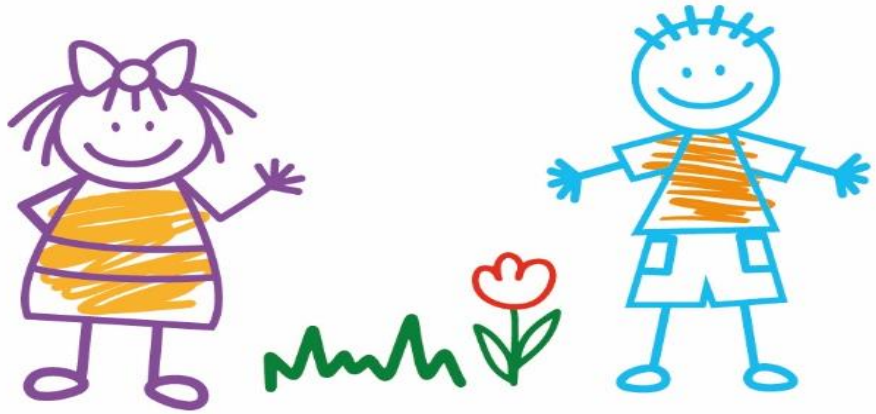
Resources; categories

Physical:

Physical harm may involve assaults including 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 feigns the symptoms of or deliberately causes ill health to a child whom they are looking after.
- Supply drugs to children.
- Inappropriate / unauthorised methods of restraint



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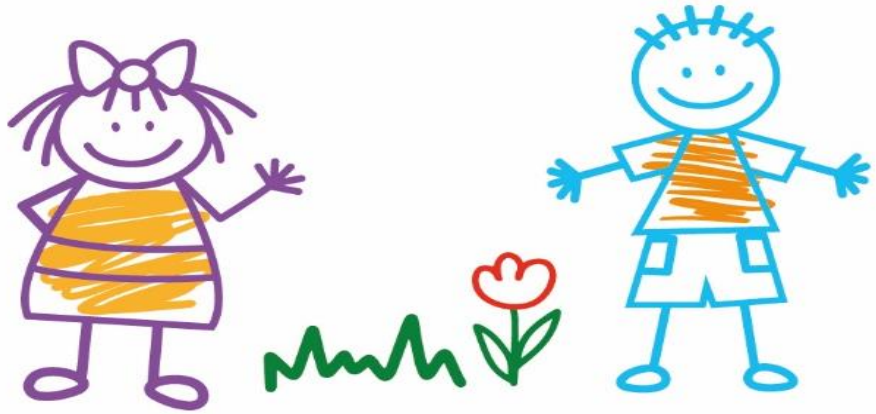
Resources; categories

Sexual:

Sexual harm involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening.

- The activities may involve physical contact, including penetrative or non-penetrative acts.
- They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.
- Downloading child sexual abuse images/videos.
- Taking indecent photographs of children.
- Sexualised texting.



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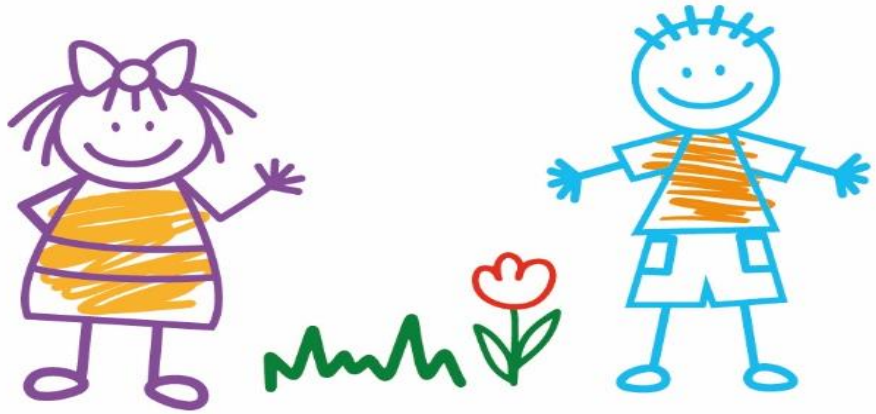
Resources; categories

Neglect:

Neglect is the 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.

- It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.



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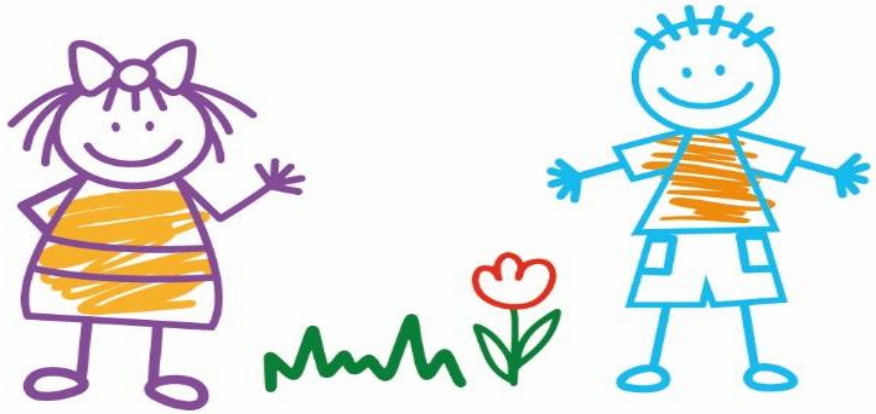
Thank you



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