

Cwm Taf Morgannwg Safeguarding Board

Child Protection Conference Protocol for Practitioners

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1. Introduction and Purpose

This protocol provides information to practitioners attending Child Protection Conferences and the expectations and responsibilities placed upon them.

The underpinning principals are essential to securing child centred practice and is well understood by children, young people and their families alike and that the voice of the child remains central to the child protection conference process.

This protocol should be read in conjunction with Wales Safeguarding Procedures.

<https://safeguarding.wales>

Regional guidance in relation to Joint Investigation Section 47 Enquiries, Recording Decision Making following Section 47 Enquires, CTM Pre-birth Referrals & Conferences Protocol, Core Group Guidance and Child Protection Enquiries can be found on the Cwm Taf Morgannwg Safeguarding website.

<https://www.cwmtafmorgannwgsafeguardingboard.co.uk>

2. Attendance and Quoracy at Child Protection Conference

If the determination of Sec 47 enquiries has concluded the child/ren are judged to be experiencing continuing risk of harm, abuse and neglect a child protection conference should be convened by social services within 15 working days of the last strategy discussion/meeting.

The conference brings together family members (and children where appropriate), with practitioners and advocates most involved with the child and family, to make decisions about the child's future safety, wellbeing and development.

It is imperative that all practitioners who are invited to attend a conference **must** give priority to attending and they should be informed of others invited to the conference.

In the event that a practitioner cannot attend then they should ensure appropriate arrangements are made for a practitioner from their agency to attend on their behalf. This practitioner should have sufficient expertise, knowledge and information to participate fully in the conference including making any decisions. Practitioners should alert the Reviewing Service of any apologies and alternative arrangements in order for timely invitations to be made.

A minimum of three agencies that have direct contact with the child will normally be present before a conference can proceed. If the conference is for an unborn child, midwifery must be involved. Situations may arise whereby only two agencies are present, e.g. the child only has contact with two agencies. The chair has the discretion to proceed, if they are satisfied that essential information is available from the key agencies involved. The decision and rationale to proceed must be recorded within the record of the conference.

3. Preparing Reports for Conference

All agencies are expected to prepare a written report for conference. When preparing reports for a child protection conference, it is important practitioners are aware the tasks for the conference are:

To objectively:

- Make sense of all the concerns obtained from the section 47 enquiries and the assessment findings to date including any additional assessments that are relevant
- Identify family strengths and protective factors
- Consider any previous knowledge of the family history and involvement with services
- Draw on professional judgement to decide whether the child is at continuing risk of significant harm, abuse and/or neglect
- Decide whether the child/ren's name should be placed on the child protection register and that they need a care and support protection plan

and

- Decide what future action is required, specifying child centered outcomes that best safeguard and promote the wellbeing of the child/ren.

Reports should be focused on providing relevant, proportionate information enabling the conference participants to achieve these tasks.

It is important that significant conference time is spent on achieving tasks rather than sharing information.

Agency representatives must therefore come to the conference:

- expecting to **summarise** their report and highlight important points;
- interpret, analyse and explain their information for the benefit of other conference attendees;
- distinguish between what is fact, observation, allegation or opinion
- draw conference chair's attention to any particularly sensitive or confidential information and or /or concerns about possible violence or intimidation at the earliest opportunity
- provide a view at the conference, based on the information shared, as to whether the child is at risk of significant harm and their name should be placed on the child protection register.

Information on what should be included within the report and specific information required from different agencies can be found in ***Wales Safeguarding Procedures – Children and Young People at Risk of Harm - Decision Making and Initial Child Protection Conferences – Preparing Reports for conference.***

If more than one child in the family is being considered at the conference, it is important that each child is treated individually and that the impact of parenting capacity and the

family environmental factors are considered in relation to EACH child. Each child will have an individual report.

All agencies must ensure written reports are available to the chair **2 working days** before the conference. Where a practitioner is unable to attend the conference, they should still submit a report and this should include their own view of the risks to the child, based on their knowledge of the child and the family. A representative of the agency will attend on their behalf to present their report. The chair should ensure that this view forms part of the discussion at the conference, whilst bearing in mind that it was a view formed without the benefit of hearing the contributions of all the other practitioners at the conference.

4. Sharing Reports with the family

All report authors, from all relevant agencies must share, discuss and explain their reports with families at least **the day before** the conference. They should use communication methods commensurate with the needs of the various family members.

This ensures:

- family members are aware of report contents prior to the meeting;
- can draw attention to any factual inaccuracies;
- have time to make sense of the report contents.

5. Confidentiality and sharing information at Conference

Successful multi agency cooperation in protecting children is rooted in the exchange of sharing of relevant information and there is a duty to cooperate placed on all relevant partners.

Information received during the safeguarding process must be treated in the strictest confidence and should not be disclosed for any other purpose than the protection of children unless they have the expressed consent of the practitioners or any other family member who provided it.

If there is any doubt about sharing information this should be discussed with the chair in advance of conference. If any agency feels that sharing their report may place the child/ren at further risk of significant harm they should ensure that they have discussed this with their own safeguarding lead and **must** notify the chair at earliest possible opportunity to ensure appropriate management of the conference meeting.

Should a request be made to withhold any confidential information from family members after conference has started, the family will be asked to leave the conference briefly for a closed session.

Any professional disagreement in respect of information sharing that may impede the safeguarding of the child should be discussed and resolved at the earliest possible

opportunity for conference members to have sufficient and relevant information to make an informed decision in respect of continuing risk of significant harm.

Further information on when information must be disclosed can be found in Wales Safeguarding Procedures and Working Together to Safeguard people: Information Sharing

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

6. The process of decision making at conference

Following presentation and discussion of written and verbal reports, and contribution from the family, the Chair of the conference will summarise the information. The role of the Chair includes putting the facts that have been presented in a context that is informed by research and clarifies the risk factors that arise from the information. The Chair will then ask whether conference members feel this is an accurate summary, before proceeding.

Conference members will be asked to present their view of the risks and strengths taking into consideration whether risk of harm and concerns about parenting capacity outweigh family, strengths and protective factors based on the analysis of information shared in conference.

Each agency representative will then be asked for their judgement based on the evidence available whether each child is at continuing risk of significant harm and requires a requires a multi-agency intervention delivered through a formal care and support protection plan and registration on the child protection register. See Participation Notes (Appendix 1)

To help inform the decision-making on whether a child's name should be placed on the Child Protection Register or when de-registration is being considered, practitioners should utilise relevant risk assessment tools to evidence the threshold for continuing risk of significant harm is met and/or no longer met and interventions have achieved the desired outcomes and this should be shared at Core Group meetings and Child Protection Conference.

All practitioners attending conference must be aware that they are part of the decision making process and cannot abdicate their responsibility. They are each responsible for voicing their own professional judgement.

The decision should reflect the consensus view of the conference. ***Wherever possible conference members should aim for a consensus view about whether or not each child is at continuing risk of significant harm.***

In the event of a lack of consensus the chair should attempt to seek a resolution, for example by re-summarising the issues and risks and facilitating further discussion. The chair needs to ensure the view of each agency has been sought.

Only where there are irresolvable differences of opinion should the decision making revert to a voting situation, with the nominated or lead person from each agency being asked to vote on registration. ***Voting as such should be avoided where possible.***

However, if consensus is still not possible the decision on registration should be subject to a vote. Voting should be based on agencies and/or practitioner groupings not individuals. The chair should clearly identify the relevant practitioner groupings within agencies in respect of voting. Senior staff present from each agency should assist in this process and ensure that practitioner groupings are kept to a minimum. The nominated or lead person from each agency/practitioner group should be asked to provide a view on registration.

Where there is no consensus but there is a majority view, the chair will accept the majority view even if he/she may disagree with this. The agencies that have dissented from the majority view will be listed in the written record of the conference.

If the vote is split 50/50, the Chair will make the decision as to whether the child is at continuing risk of significant harm and in need of a Child Protection Care and Support Plan and therefore whether their name should be placed on the Child Protection Register.

Following the decision of the Conference, it is vital that all members of conference discuss and contribute to any proposed Child Protection Care and Support Plan to address the identified risks.

If the Chair believes the decision places the child at risk they must indicate this in the conference and include their concerns in their Summary. Immediately after conference, they must escalate their concern to the senior manager responsible for child protection. The Chair also has the option to address any practitioner differences, as do any of the conference members, where they feel that a child is not being adequately protected. If any practitioner at conference feels that the decision made at conference places the child at risk they should express their concern to the chair and speak to their agency safeguarding lead at the earliest possible opportunity. All practitioners' have a duty to follow up continuing concerns. (Please refer to the Concerns Regarding Inter-Agency Safeguarding Practice Protocol)

7. Escalation of Immediate Safeguarding Concerns following a decision at Conference

Where the Local Authority Lead Safeguarding Manager has been informed of a professional opinion that a conference has failed to make adequate plans to protect a child; or has failed to adhere to the procedures and standards for child protection conferences; the Lead Safeguarding Manager has the authority to set aside the conference decision and require conference to reconvene to reconsider the child protection arrangements.

8. Professional Groupings

The following examples of professional groupings have been agreed by the Cwm Taf Morgannwg Safeguarding Board:

- Children Social Services (all services which are line managed within Childrens Services i.e. Child & Family Teams (11 & 16+ Teams), Enquiry & Assessment Teams, Disabled Children's Teams, Leaving Care Teams, Contact Team, Fostering & Adoption Teams, Residential Staff and Local Authority Preventative Teams, Support Teams and support workers, IFST, Miskin.
- Youth Offending Services

- Child Health Services (including Paediatrician, Health Visitor, School Nurse, Paediatric Nurse--acute and community, Speech Therapy, Specialist Nurses, Physiotherapist, Neo-Natal outreach Nurse, CAMHS, GP)
- Adult Social Services (including all social work teams, and all services which are line managed within Adult Services e.g. adult placement services, community support teams)
- Adult Health Services (including Mental Health, Learning Disability Services, Midwifery, GP, Substance Misuse Services, CDAT)

(Please note that if you are part of a multi-agency team then you will be allocated one vote according to the service you represent e.g. CMHT can sit with Adult Social Services or Health Services)

- Police; includes PPU and Divisional Officers
- Probation Services
- Housing; (including tenancy support, or Housing Associations)
- Education; including primary school, secondary school, nursery, Attendance and Well-being Service, Access and Inclusion, Education Psychology & Behavioural Support (where children in family attend different schools, each school to vote for that specific child)
- Early Years pre-school providers including Flying Start (other than health visitors)
- Voluntary groups; including Women's Aid, Action for Children, Barnardo's, NSPCC (not advocacy), Homestart, TEDS, Drug & Alcohol Services
- Any other agency at the discretion of the chair

The records of the conference should reflect the professional groupings identified, including situations where the Chair makes the final decision about such groupings, and the rationale for this decision. The records of the conference should reflect the difference of view expressed at the conference, including any concerns of the chair regarding the appropriateness of the decision.

9. Other Attendees

There are also people who attend Child Protection Conferences who are not party to the decision-making. This includes:

- Parents,
- Children and young people,
- Family members or people who are there in the role of support for parents,
- Advocates for the child/adult
- Legal representatives of the parents or young people
- CIW staff
- CAFCASS
- Foster carers and residential carers

Parents, children, young people and family members should be asked for their views but it is the practitioners who are responsible for making the final decision.

In accordance with the Wales Safeguarding Procedures, the conference will also consider whether a Care and Support Plan would be more appropriate in circumstances when a Child Protection Care and Support Plan is not deemed to be necessary.

Specific Issues

- If there is only one School representative present and only one child in the family attends their school, they will be asked to contribute to the decision making on behalf of their agency in respect of all the children who are discussed at conference, based on the fact that they have heard all relevant information in conference.
- If there is only one Health representative present, they will be asked to contribute to the decision making on behalf of their agency in respect of all the children who are discussed at conference, based on the fact that they have heard all relevant information in conference.
- In situations where there are sibling groups and there is no agreement, then each child will be considered separately with those professional groups directly involved with an individual child voting on registration for that child.
- The Chair has responsibility for ensuring that if parents disagree with the decision or are unhappy with the conduct of the conference they are given information about the safeguarding board's appeal/complaint process and that they have the option of appealing against the decision. An independent panel will deal with appeals and they have the option of asking for the conference to be re-convened if the appeal is upheld.

Where agencies are unable or unwilling to implement aspects of the plan agreed at conference they must advise conference members immediately and due consideration must be given to escalating via the Concerns Regarding Inter-Agency Safeguarding Practice Protocol.

10. Placing a child's name on the Child Protection Register

The practitioners attending the child protection conference will decide which category of abuse the child/ren should be registered. The categories are:

- Physical abuse;
- Emotional or psychological abuse;
- Sexual abuse;
- Financial abuse;
- Neglect

The categories used should reflect all the information/evidence obtained during the course of the Section 47 enquires and subsequent analysis, be specific to each child who is placed on the child protection register and indicate to those who consult the Register, the primary presenting concern at the time of registration.

Please refer to CTMSB Core Group Guidance and Wales Safeguarding Procedures for further information in respect of roles and responsibilities of core group members.

11. Record of the Child Protection Conference

The written record of the conference is a crucial working document for all relevant practitioners and the family. The record of conference will be an accurate summary of the discussions at conference. The record is not a verbatim copy of who said what

during the conference. The chair should agree who should receive a full or partial copy before they are distributed. A summary and outline plan should be circulated within 5 working days or by the first core group. Good practice would aim for circulation no later than **20 working days**. The records are confidential and cannot be shared with third parties without express permission from the conference chair. Agencies should ensure that conference records and other records associated with the registration process should be retained by agencies receiving them in accordance with their record retention policies.

Appendix One

Notes for Child Protection Conference Participants (CTMSB)

Chairperson's Statement

The conference has been convened in accordance with Cwm Taf Morgannwg Safeguarding Board and Wales Safeguarding Procedures.

The purpose of the conference is to consider any child protection concerns in relation to the children in this family.

The only decision the Conference can make is whether or not the child is at continuing risk of significant harm and therefore their name should be included on the Child Protection register.

The Conference may make recommendations to any agency about future work with the family.

All information shared during the meeting is confidential. The record of the meeting is also confidential and cannot be disclosed without the express permission of the chairperson and the person who gave the information.

All practitioners are reminded of their duties to report any concerns with regards to a decision that they feel may be unsafe using the appropriate escalation processes and safeguarding leads within a timely manner.

There is a complaints procedure that a parent can access to complain about the conduct of the conference or the decision made. Any complaint should be addressed to the Chair.

Purpose of Conference

(The conference is NOT a court of law and is not required to make judgements about WHO may have been responsible for the child suffering significant harm)

- To bring together in a multi-agency setting, the information which has been obtained about the child's health, development and functioning and the parents' or carers capacity to ensure the child's safety and promote the child's health and development
- To make professional judgements about the likelihood of the child suffering significant harm in the future
- To decide what future actions, if any, is required to safeguard and promote the child's welfare. To decide what action will be adopted to ensure stated outcomes are achieved.

Responsibilities of Conference participants

Throughout the Conference participants should strive to distinguish between fact, observation, allegation and opinion and to eliminate biased views in relation to race, culture, gender, sexuality, age, disability or class. They should:

- Provide reports in line with CTMSB guidelines regarding the child's needs, the parenting capacity and relevant background information
- Contribute to the analysis of risk using professional judgement
- Make a recommendation as to whether the child's name should be placed on the Child Protection register giving their rationale for this
- Contribute meaningfully to the formulation to the recommended outline Care & Support Protection Plan (4)

Criteria for Registration

Is the child at continuing risk of significant harm?

When making a judgement, practitioners should consider the likelihood of significant harm recurring.

The test should be that either:

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

If the child is at continuing risk of significant harm, it will therefore be the case that safeguarding the child requires inter-agency help and intervention delivered through a formal Care and Support Protection Plan (4)

Categories for Registration

- The category used should indicate to those consulting the register the primary presenting concerns at the time of registration
- Reflect all the information/evidence obtained in the course of the sec 47 enquires and subsequent analysis and should not just relate to one or more abusive incidents
- Be specific to each child in the family who is being placed on the register
- More than one category may be appropriate
- Multiple categorisation should not be used to cover all eventualities

Definition of Abuse

Physical Abuse means deliberately hurting a child or young person. It includes, physical restraint; such as being tied to a bed or locked in a room, inflicting burns, cutting, slapping, punching, kicking, biting, choking, stabbing or shooting, drowning, suffocating, shaking or hitting babies, withholding food or medication, drugging, denying sleep or inflicting pain causing physical harm to a child. Physical harm may also be caused by fabricating or inducing illness. This occurs when a carer promotes the sick role of a child by exaggeration, non-treatment of real problems, fabrication (lying) or falsification of signs, and/or induction of illness.

Emotional Abuse is the ongoing emotional maltreatment of a child. It's sometimes called psychological abuse and can seriously damage a child's emotional health and development. Emotional abuse can involve deliberately trying to scare or humiliate a child or isolating or ignoring them. Children who are emotionally abused are often suffering another type of abuse or neglect at the same time. Emotional abuse includes, humiliating or constantly criticising a child, threatening, shouting at a child or calling them names, making the child the subject of jokes, or using sarcasm to hurt a child, blaming, scapegoating, making a child perform degrading acts, not recognising a child's own individuality, trying to control their lives, pushing a child too hard or not recognising their limitations, exposing a child to distressing events or interactions such as domestic abuse or drug taking, failing to promote a child's social development, not allowing them to have friends, persistently ignoring them, being absent, manipulating a child, never saying anything kind, expressing positive feelings or congratulating a child on successes, never showing any emotions in interactions with a child, also known as emotional neglect.

Child Neglect is a failure on the part of either the male and/or female caregiver or pregnant mother to complete the parenting tasks required to ensure the developmental needs of the child are met. This failure may be associated with parenting issues such as such a drug and alcohol misuse. Neglect should be differentiated from poverty and occurs despite reasonable resources being available to enable the carer/s to complete the parenting tasks to a good enough standard. Whilst neglect is likely to be ongoing and cause cumulative harm one-off incidents and episodic neglect can affect the health and development of the child. There are a range of parenting behaviours that can be described as neglect:

- *Medical neglect*: a failure to seek and provide appropriate medical, dental and optical care
- *Nutritional neglect*: occurs when the carer fails to pay sufficient attention to the diet for the child who may become obese or fail to thrive
- *Supervisory neglect*: happens when the carer fails to provide the level of guidance and supervision that ensures the child is safe and protected from harm
- *Educational neglect*: is more than securing school attendance it includes a failure on the part of the carer to provide an environment allowing the child to achieve their cognitive potential
- *Physical neglect*: happens when the child does not receive appropriate physical care necessary for their age and development and/or where the child lives in a physical environment that is not conducive to their health and development healthy and/or is unsafe
- *Identity neglect*: occurs when a parent or carer fails to recognise or address the child or young person's needs in terms of, for example, culture, religion, gender and sexuality.

Financial Abuse or material abuse, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. This will normally only be applicable to adults at risk but may apply to a child in circumstances such as a parent/carer using a child's inheritance in a way that does not contribute to the child's wellbeing.

Sexual Abuse is defined under two sub headings and 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.

Contact abuse involves touching activities where an abuser makes physical contact with a child including penetration. It can also include, sexual touching of any body part inside the child's mouth, vagina or anus, forcing or encouraging the child to take part in sexual activity making a child take their clothes off, touch someone else's genitals or masturbate.

Non-Contact abuse involves non touching activities; such as grooming, exploitation, persuading children to perform sexual acts over the internet and flashing. It includes, encouraging the child to watch or hear sexual acts, not taking proper measures to prevent a child being exposed to sexual activities by others, meeting a child following sexual grooming with the intent of abusing them, online abuse includes making, viewing or distributing child abuse images allowing someone else to make, view or distribute child abuse images showing pornography to a child and sexually exploiting a child for money, power or status (child exploitation)

Tasks of the Conference

(If child's name is to be placed on the Child Protection Register)

- Appoint a social worker (care and support protection plan coordinator)
- Identify Core Group members
- Establish how the child (where appropriate) and family members will be involved in the Care and Support Protection Plan (4)
- Set date of the 1st Core group meeting
- Set date for the Review Child Protection Conference
- Identify any further assessments required including specialist assessments
- Recommend services to be provided to meet needs and reduce risks.

If child's name is NOT placed on the Child Protection Register

If practitioners determine there is no risk of continuing significant harm there should be consideration as to whether the child has care and support needs to promote their health or development. If yes and parents are in agreement to this;

- What interventions are required to help meet the care and support needs
- Whether any further assessments are required including specialist assessments
- Whether multi-agency working should continue

An Outline Care and Support Protection Plan must be set up to:

- Identify the risks of harm to the child
- The way in which a multi-agency plan will protect the child
- The shorter and longer term planned outcomes to be achieved clearly
- Linking outcomes to reducing the risk of harm to the child and promoting the child's wellbeing
- The provision of any support, treatment or therapy including ongoing advocacy
- Specify who will have responsibility for what actions within what specified timescales
- Decide arrangements to monitor and evaluate progress against the plan
- Identify the practitioners who will monitor the child's progress, development, wellbeing and safety

And how

- The outline plan must take into consideration the wishes and feelings of the child, and the views of the parents, in so far as this is consistent with the child's wellbeing.

For further guidance and pointers to practice please refer to;

CTMSB Policies and Procedures on Child Protection
www.cwmtafmorgannwgsafeguardingboard.co.uk

and;

Wales Safeguarding Procedures
<https://safeguarding.wales/>