



CATEGORIES OF HARM:

Physical Abuse

Physical Abuse may involve actual or likely physical harm to a child or failure to prevent harm. Physical harm may also be caused when a parent or carer feigns (fabricates) the symptoms of, or deliberately causes ill health to a child whom they are looking after

Emotional Abuse

Actual or likely persistent emotional ill treatment to a child as to cause severe and persistent adverse effects on the child's emotional development. It may feature age or developmentally inappropriate expectations being imposed on the child. It may cause the child to feel frequently frightened or in danger, or the exploitation or corruption of a child. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it might occur alone.

Sexual Abuse

Actual or likely sexual abuse of a child or adolescent. Sexual abuse 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. Sexual abuse may include non-contact activities such as involving a child in looking at, or in the production of pornographic material or watching sexual activities or encouraging children to behave in sexually inappropriate ways.

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

CHILD PROTECTION CONFERENCE

Chair's statement to Conference:

Conference members are reminded that today's conference will be managed by use of restorative practice principles. Which are:

Building Stronger Relationships:

- Creating and maintaining respectful and trusting relationships.
- We will work WITH people, rather than just "doing to" or "doing for."
- Keeping the child(ren) central to our work with the family and everything we do
- Recognising that families are the experts in their lives and their strengths and goals will be central when providing support.

Helping Communities and Families to Find their Own Solutions:

- Creating one timely plan together, focusing on strengths within your family and network, as well as being open and honest about what needs to change.
- Promoting health, well-being and education for your child(ren) and family.
- We will work together to manage needs concerns and risks and identify solutions together to keep the child(ren) safe.

Being the Best We Can Be:

- We will work together, with you and our partner agencies, to provide high support and high challenge, to create change.
- We will support each other to develop the services we provide, learning from all feedback to improve our services for everyone.
- We will work together to resolve difficulties quickly and restoratively, by finding the right way to support families.

INITIAL CONFERENCE AGENDA

Introductions “*How can we keep this meeting safe and helpful?*”

Information Sharing “*What has happened*”

- Details of the child(ren)
- Child’s view
- Parents view
- Positives and Strengths
- Restricted Section (with prior agreement from the Chair)
- Summary of information by Chair

Harm and Impact on the child “*How has the child(ren) been affected?*”

- The chairperson will facilitate the parents, family members and agencies to express their view of the harm and impact:
- Who is affected and how?
- What keeps the issue going?
- What could happen if things don’t change?

Developing the plan “*What is needed to reduce the harm*”

- Discussion will take place to consider what the family and agencies can do to help reduce, prevent or repair the harm
- What changes need to happen?
- How will we do this?
- Who will do what and when?

Conference Decision, “What will happen next”

- The chairperson will provide a summary of the strengths, harm and protective factors, and impact on the child.
- Parents and family will be invited to give their views.
- Professionals will be required to give a view as to whether the child(ren) are considered to be at risk of significant harm and their reasons for this view.
- Chairperson will confirm the agreed plan; identify the category of harm and how and when the plan will be reviewed.

CRITERIA FOR A CHILD TO BE MADE SUBJECT TO A CHILD PROTECTION PLAN:

A Child will only become subject to a Child Protection Plan on the decision of an Initial Child Protection Conference. Conference members should consider the following question when determining whether a child should be subject of a Child Protection Plan.

Is the Child at continuing risk of significant harm?

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 or sexual abuse or neglect, and professional judgement is that further ill-treatment or impairment is likely.

OR

- Professional judgement, substantiated by the 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 or sexual abuse or neglect.

Conference will also give the same consideration to siblings and other children in the household and will consider if they need to be subject to a Child Protection Plan