Threshold for Agreeing a Formal Child Protection Plan

The conference should consider if the child has suffered significant harm and/or is likely to suffer significant harm in the future. Each child in the household should be considered separately.

The following criteria should guide the conference members when determining whether a child should be the subject of a Child Protection Plan:

- The evidence shows that a child has suffered ill-treatment or impairment of health or development as a result of physical, emotional, or sexual abuse or neglect and professional judgment is that further ill-treatment or impairment is likely

or

- Professional judgment, 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.

and

- Where the child is suffering, or likely to suffer significant harm, then s/he will require coordinated interagency help and intervention delivered through a formal Child Protection Plan to prevent the child suffering harm or a recurrence of harm in the future.

and

- The harm suffered or likely to be suffered will have a significant and enduring impact on the Child's well being if action is not taken to remedy their situation.

Categories of abuse

Generally a child should only be made subject to a Child protection plan under one category. This should be the category that most appropriately fits the experience or predicted experience of the child.

Physical abuse

Physical abuse may involve:-

- Hitting/ punching or the use of an object to inflict injury,
- Shaking
- Throwing
- Poisoning
- Burning or scalding
- Drowning
- Suffocating
- Or otherwise causing physical harm to a child.
- Physical abuse may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Impact of Physical abuse:

- Physical abuse can lead to neurological damage, injuries, disability, or death
• Harm may be caused to children both by the abuse itself and through the emotional experience of the abuse taking place.
• Physical abuse has been linked to aggressive behaviour in children, emotional and behavioral difficulties and poor educational achievement.
• Physical abuse of children often coexists with Domestic violence

**Emotional abuse**

Emotional abuse is the *persistent* emotional maltreatment of a child such as to cause *severe and persistent adverse* effects on the child’s emotional development. Emotional abuse might involve the following:-

• Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person ( high criticism/low warmth).
• Not allowing the child opportunities to express their views
• Ridicule
• Developmentally inappropriate expectations.
• Limitation of exploration and learning
• Preventing the child from participating in normal social interaction
• Being exposed to the serious ill-treatment of another. For example, domestic violence
• Serious bullying (including cyber bullying),
• Inducing feelings of fear or danger,
• Exploitation or corruption.

Some level of emotional harm is involved in all types of maltreatment of a child and this should be understood to be the case within the use of other categories of abuse and therefore not identified as a secondary category. Only where factors of persistent, severe and adverse emotional harm are identified as the primary cause for concern should this category be used.

**Impact of emotional abuse:**

• There is evidence that there are long term adverse consequences for children’s development where there is sustained emotional abuse, including serious bullying
• (See Barlow and Shrader-Macmillan (2009) ‘safeguarding children from Emotional Abuse-what works?’)
• Emotional Abuse has a significant impact on a developing child’s mental health, behaviour, and self esteem
• Domestic violence, adult mental health problems and parental substance misuse may be features of family life where children are exposed to emotional abuse.

**Sexual abuse**

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities. These 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 directly or through clothing.

It may also include:-

• Involving children in looking at, or being connected in the production of, sexual images, watching sexual acts, being encouraged to behave in sexually inappropriate ways, or grooming another child in preparation for abuse.

Impact of sexual abuse.

• The severity of the impact of sexual abuse on a child is believed to increase the longer the abuse continues, the more extensive the abuse, and the older the child. The relationship of the abuser to the child, the extent of premeditation, the degree of threat and coercion, sadism and unusual elements are also important.

• The child’s ability to cope with the experience of sexual abuse, once recognised or disclosed is strengthened by the support of the non abusing parent who believes the child and the provision of services to help the child understand the abuse.

• The reaction of practitioners also has an impact on the child’s ability to cope with what has happened, and on his or her feelings of self worth.

Neglect

Neglect is 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/or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Neglect may involve a parent or carer persistently failing to:

• Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
• Protect a child from physical, sexual and emotional harm or danger;
• Ensure adequate supervision (including the use of inadequate care-givers);
• Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

Impact of neglect.

• Severe neglect of young children has adverse effects on children’s ability to form attachments and is associated with impairment of growth and intellectual ability.
• Persistent neglect can lead to serious impairment of health and development and long term social functioning, relationships and educational progress
• Neglected children very often suffer from low self esteem, feelings of being unloved and rejecting the love of others.
In severe cases neglect can result in death.

The impact of neglect varies on the length and severity of the neglect, the age of the child.

(See Daniel, Taylor and Scott (2009) ‘Noticing and helping the neglected child’)

**Use of multiple categories:**

Whilst more than one category can be used, the primary concern should form the basis of the decision for a child to be made subject of a Child Protection Plan. In *exceptional circumstances* additional categories can be used. The category of abuse to be recorded should be considered separately in respect of each child in the family or household.

**Decision not to make a child subject to a child protection plan.**

Where a decision is reached by the Child Protection Conference that a child should not be made subject to a Child protection plan then the local authority should consider the child’s circumstances within the child in need framework. Where this applies the IRO will set the first Child in Need review date. This applies equally to those cases where an Initial Child Protection Conference has made the decision not to make the child subject to a Child protection plan as well as those children who are removed from a Child protection plan. It should never be the case that a child whose circumstances do not meet the threshold for a Child protection plan is not assessed as potentially needing services as a child in need.

**Outline Child Protection Plan (OCPP)**

The OCPP should be based on an analysis of the information and evidence presented to the Initial Child Protection Conference and based on this be clear about the areas of concern.

The OCPP is the plan that steers the work of the Core group up until the first Core group meeting where it must be reviewed, developed and amended as necessary.

The OCPP should not be confused with the working agreement which will cover roles and expectations to do with how the professionals and family will work with each other in addressing the issues of concern. The working agreement will be formulated or amended with the family by the Social Worker following the conference although the conference members may wish to influence its’ contents. The plan however should identify the key components of the work designed to address or prevent and/or better understand the issues of concern. As such the plan should outline the needs of the child, the specific action needed to meet the need, the desired outcomes and purpose of the intervention, timescale and lead member of the core group.

Implementation date: 21\textsuperscript{st} September 2011: