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# Decision Making at Child Protection Conferences and Agency Groupings

The following guidance <u>in italics</u>, on decision making at child protection conferences is provided as part of the Wales Safeguarding Procedures 2019 (latest update 2021).

## Reaching a decision

Analysing and making sense of the information, shared at the conference, should inform decision-making as well as providing a basis for future planning for the child. The conference should follow a structured process to reach a decision as to whether to include a child's name on the <u>child protection register</u>. The process should be as follows:

- information sharing based on the written reports received by those present and those unable to attend;
- discussion about the risk of <u>significant harm</u>, family members lived experiences, their wishes and feelings and what they would like to see change;
- the chair should ensure information sharing and discussion is <u>child-centred</u> and relevant. if too much time is spent on this part of the process analysis, decision-making and planning may be negatively affected;
- the conference chair should summarise the discussion based on the facts presented at the conference and ensure conference members agree this is an accurate summary;
- the chair should ask each member of the conference for their view about the risks to the child and the need for a care and support protection plan, including the proposed content of such a plan in terms of risks to be addressed;
- applying a strengths-based approach throughout the process.

The discussion at the conference should not be allowed to focus solely on registration. Time and attention should be given to the development of a care and support protection plan if required.

Each person at the conference, other than family members or people who are there in the role of support for parents, should express a view about the need for a care and support protection plan and registration. Members of CAFCASS Cymru would not normally be expected to express an opinion regarding registration.

Parents, children (where appropriate) and family members should also be asked for their views, but it is the practitioners who would be responsible for making the final decision.

# Decision making at child protection conferences where consensus is not reached

At many conferences, there will be a consensus for or against registration and the category/categories of registration.

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.
- voting as such should be avoided. 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 <u>practitioner</u> 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. If the chair believes the decision places the <u>child at risk</u>, he/she needs to take their concern to the senior manager with responsibility for safeguarding immediately;
- in situations where members remain split 50/50, the chair will make the decision about registration.

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.

Where the issues of a lack of consensus relate to practitioner differences the <u>Regional</u> <u>Safeguarding Board resolution of professional differences</u> may need to be used later.

Please note in the Mid and West Wales Region, all agencies present who input into the decision as whether or not to enter a child's name on the CPR must give a view on all children under consideration based on the information presented to them regardless of whether they have direct involvement with the child.

In the event the Chair feels conference members have made a wrong decision that has placed a child at an unacceptable level of risk, they must implement the relevant escalation process without delay.

#### Mid and West Wales Safeguarding Board Supplementary Guidance

#### **Decision Making**

In the Mid and West Wales Safeguarding Board area the following supplementary principles will also be applied.

In the event the Chair remains concerned conference members have made an incorrect decision and a child has been placed at an unacceptable level of risk, they will ensure information is re-summarised with the risks clearly high-lighted and identified. Escalation to a senior manager in accordance with the relevant agency and regional process's as outlined above should take place immediately.

The views of the child and family in relation to the risks of harm and their views must be taken into account, but it is the practitioners at the conference who will make one of the following decisions: When making these decisions practitioners must recognise:

- the focus is on actual, likely and/or ongoing risk of significant harm;
- a decision should be made separately for each child in the family, taking account of the harm they are or are likely to experience and the impact on their health and development;
- practitioners attending a conference are part of the decision-making process and cannot abdicate their responsibility;
- those attending the conference and hearing the information provided, will be asked to provide a view on registration for each of the children being discussed.

The local authorities and associated statutory partners of the Mid and West Wales Safeguarding Board support a strengths based solution focussed approach to Child Protection Conferences. At the time of publication, the Signs of Safety Model of practice and intervention is used and/or is in the process of being implemented as a model for child protection conferences across the region. This supports a wholly inclusive approach to decision making for both families and all professionals who attend the child protection conference.

In respect of the above guidance, it should be noted in Mid and West Wales, professional groupings will be arranged in the event unanimous agreement about the need to register or not register a child or young person cannot be reached. In such circumstances, the following examples of professional groupings should be considered: Please note for the purpose of decision making as outlined above the nominated or lead person from each agency does not necessarily mean the most senior. This can be the person deemed to have most relevant knowledge of the family, their situation and level of risk posed. Discretion will remain with the chair of conference as to who the nominated lead person from each agency should be in the event this cannot be agreed by the agency themselves.

- Children's social services;
- Adult social services;
- Police;
- Probation;
- Housing;
- Youth justice/offending team;
- LEA;
- Primary school;
- Secondary school;
- Child health (to include health visitor, school nurse, midwife, paediatric
- nurse both acute and community);
- Paediatrician;
- GP;
- Adult mental health;
- Substance misuse service;
- CAMHS.

## Third Sector Voluntary Organisations.

Views of third sector and voluntary agencies who are actively engaged in working with a family, who have a clear role to play in any child protection plan and provide a written report to assist the conference in decision-making, should be taken into consideration by the chair alongside statutory agencies. The Chair of the conference will however have discretion as to whether to include the views of a third sector or voluntary agencies in situations where their role is less clearly defined.