

# Child Protection Conference and the Child Protection Notification System

Information for Professionals



**TÚSLA**

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Child and Family Agency

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## Foreword

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Our aspiration for Children in Ireland is that they will fulfil their potential and are healthy in every aspect of their lives, physically and mentally. This vision can only be achieved with the co-operation of the relevant staff across departments, services and communities.

Children First National Guidance 2011 promotes the protection of children from abuse and neglect. It states what we need to do to keep children safe and it sets out specific protocols in response to suspected abuse and neglect including the Child Protection Conference and the Child Protection Notification System. The scope of Children First extends beyond protocols and emphasises the importance of multi-disciplinary, inter agency working, sharing and managing concerns about child welfare. Central to this is the sharing of information between agencies and disciplines in the best interest of children and the need for full co-operation to ensure better outcomes.

The Child Protection Conference is an inter agency and interprofessional meeting, its purpose is to share and evaluate information between professionals and parents, to determine if there is an ongoing risk of significant harm to the child and consequently to formulate a child protection plan. The informed participation of professionals from health, education, justice and voluntary bodies in the decision-making process is essential.

This booklet has been designed to assist and inform professionals about the CPC process and to emphasise the importance of their attendance and particularly their participation.

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When it has been determined that a child is at ongoing risk of significant harm following a CPC, the child will be listed on the Child Protection Notification System (CPNS). The CPNS exists to enable the effective sharing of information between professionals working with vulnerable children and families and access to the information is only available under strict protocols. The decision to list a child on the CPNS at a Child Protection Conference is a serious one, and this booklet sets out clear and direct guidelines for the professionals who participate in making the decision and formulating the Child Protection Plan.

I would like to thank all the professionals from Tusla and the various statutory and voluntary bodies who contributed to the development of this booklet. I trust it will assist you in the important work that you are doing to keep children safe.

Thank you for your continued commitment, professionalism and dedication. Your work is vital in the protection of Ireland's children.

*Gordon Jeyes*

**Chief Executive**

**Tusla - Child and Family Agency**

## Glossary

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<b>CPC</b>	Child Protection Conference
<b>CPNS</b>	Child Protection Notification System
<b>CPP</b>	Child Protection Plan
<b>PHN</b>	Public Health Nurse

## Introduction - The Child Protection Conference

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*Children First: National Guidance for the Protection and Welfare of Children, 2011* identifies Child Protection Conferences (CPC) as central to identifying children at risk of harm and indicates that a multi-disciplinary and interagency approach is essential to reducing the risk and safeguarding the child.

When a Tusla social worker, in consultation with a Team Leader, determines that there are grounds for believing that a child is at ongoing risk of significant harm from abuse, including neglect, they request that a CPC is convened by the Conference Chairperson on behalf of the Area Manager. This usually occurs following an assessment process. The purpose of a CPC is:

- to determine whether a child is at ongoing risk of significant harm and to list any children at risk of significant harm on the Child Protection Notification System (CPNS);
- to facilitate the sharing and evaluation of information between professionals and parent/s in order to identify risk factors, protective factors and the child's needs;
- to develop a child protection plan when it has been determined that a child is at ongoing risk of significant harm.

A trained Conference Chairperson, who is independent of the local social work case management structure, takes charge of the meeting. Conferences are conducted in line with *Tusla - Child and Family Agency National Guidelines for Child Protection Conferences and the Child Protection Notification System* (March 2015).



## Role of Professionals

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Buckley et al (2006), in their report *Framework for the Assessment of Vulnerable Children and Families: Assessment Tool and Practice Guidance*, state that multidisciplinary work is regarded as fundamental to good practice in child protection and welfare. Professionals from both statutory and voluntary organisations are often invited to CPCs because they are well placed to identify and assess child protection concerns. They are required to contribute to the assessment of the level of risk and to the development of a Child Protection Plan.

### What is involved?

Participants at a CPC are expected to assist with the identification and assessment of risk to the child and contribute to the design and implementation of a Child Protection Plan. In particular, professional participants are required to:

- participate in the decision making process that identifies whether or not a child is at risk of significant harm;
- provide written reports to the Chairperson prior to the conference;
- share the contents of the report objectively with families prior to the meeting, unless doing so would pose a risk to the child;
- present an overview of the report at the conference in the presence of the parent/s and, in some cases, the child;
- be clear about their role at the conference, particularly if undertaking a support or advocacy role in respect of an adult or child;
- contribute to the discussion and analysis of all the information presented;

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- commit to implement those parts of the Child Protection Plan that relate to their role or service;
  - provide updated reports and attend at a Child Protection Review Conference if required.

The broader group of health, educational and other professionals whose work brings them into contact with children and families have a pivotal role to play in helping to safeguard children. Professionals working with children and their families need to cooperate in whatever way possible, including attending meetings and contributing to decision-making. This will involve actively participating at CPCs, speaking up, making enquiries and taking a responsible role in decision-making. The critical decision to be made at a CPC concerns the ongoing risk of significant harm to the child. The decision determines the pathway of further intervention for the child and their family.

## *Harm*

Harm can be defined as the ill treatment or impairment of the health or development of a child. In assessing harm, account must be taken of parental actions, behaviour, motivation and intent within the underlying context of the parent/child relationship in order to determine the impact on the child.

Harm may be cumulative in nature. In determining significance, it is necessary to consider the health and welfare of the child compared to what could reasonably be expected of another child of similar age. Consideration needs to be

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given to the degree, extent, duration and frequency. A single traumatic event may constitute significant harm or a series of events. The impairment of a child's health and development as a result of neglect can have consequences as harmful as those arising from ill-treatment.

### *Risk*

All children will be at risk of harm in their lives therefore parents need to provide age appropriate care, support, guidance and control to minimise avoidable risk to their children.

Risk does not only apply to children who are being directly ill-treated. If important elements of a child's care are absent or are likely to be absent in the future, then the child is at risk.

It must be acknowledged that predicting the likelihood of future harm is challenging and should be based on the fullest possible picture of the child's circumstances. It is for this reason that the contribution of the child, parent/s and a range of professionals at the conference is so important. In arriving at a determination about ongoing risk, it is necessary to consider the following:

- the child's expressed views and feelings in the context of their behaviour;
- current parental behaviour;
- past parental behaviour;
- parental vulnerability.

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For further reading please see *Children First: National Guidance for the Protection and Welfare of Children, 2011* and *Tusla - Child and Family Agency, National Guidelines: Child Protection Conferences and the Child Protection Notification System*. Both are available on the Tusla website ([www.tusla.ie](http://www.tusla.ie)).

## Decision-making

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Having listened to and discussed the reports submitted and heard all of the views of those present, the professionals attending will **each** be asked if they consider the child to be at ongoing risk of significant harm. **Every qualified professional has a responsibility to contribute to the decision about risk of harm.**

The decision is usually based on professional agreement. In the unlikely event that no professional consensus is reached, the Chairperson makes the final decision and all views or disagreements are noted in the conference record.

If the decision is made that the child is at ongoing risk of significant harm, then a Child Protection Plan will be made and agreed. The child's name will be placed on the CPNS. The decision to make a CPP and to list a child on the CPNS is a very serious one and is only taken where there are clear signs that a child is at ongoing risk of significant harm from abuse or neglect by one or both parents.

If the decision is made that the child is not at ongoing risk of significant harm there may be discussion about providing additional supports to the child and family and the conference concludes.

**Children who have experienced harm outside of the family or who are a risk to themselves also require substantial support and services. However they will not be subject to a CPC nor will they be listed on the CPNS.**

## Child Protection Plan

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The purpose of the Child Protection Plan (CPP) is to reduce the level of risk and to provide support to the child and their parents in making sure that they are kept safe from harm. The CPP must set out a series of actions that will address and reduce the risk of harm and promote the child's welfare. Each action should focus on addressing the risk to the child and on strengthening the protective factors in the child's environment.

A CPP needs to:

- be based on the risk and protective factors identified at the conference;
- detail the specific actions to be undertaken with a specified named individual responsible for each action;
- specify a clear time frame for each action;
- identify the key worker who should be the child's allocated social worker;
- identify what resources are needed to increase or strengthen protective factors and sustain change, including the parent/s' and child's social networks;
- record any dissension to any element of the plan;
- have achievable, measurable, child-focused outcomes: each action should have an associated target outcome that can be readily measured and actions may be immediate or long term;
- outline ways of monitoring and evaluating progress against the planned outcomes set out in the plan;
- describe the types of services required by the child (including family support) to promote their welfare;
- reflect the child's and the family's wider social and developmental needs as well as their child protection needs;
- outline what further action is required to continue

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assessment and what other specialist assessments of the child and family are required to safeguard and promote the welfare of the child;

- include the date of the next review conference and under what circumstances it might be necessary to convene a review conference before that date.

Chapter 5 of *Children First: National Guidance for the Protection and Welfare of Children, 2011* outlines the basic components of a CPP and these should be read in conjunction with these guidelines. A CPP is a working tool that should enable the family and professionals to understand what is expected of them and what they can expect of others. The CPP process is ongoing and it does not end until the risk to the child is resolved. It is acknowledged that certain detailed aspects of the plan may not be finalised at the conference. Where this is the case, the plan should include arrangements for the refinement of these details. Responsibility for ensuring the implementation of the plan lies with the social worker.

## Conference record

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A conference record using a standard template is produced by the Chairperson and conference administrator and as a general rule the conference record and the CPP will be shared with all professional participants and parent/s. The record and CPP are sent to the relevant General Practitioner and Public Health Nurse (where the child is aged five and under, or is in receipt of a Public Health service) irrespective of attendance. The plan will be shared with the child as appropriate. Confidentiality in respect of all records associated with the conference is paramount and any decision regarding the wider distribution of the minutes to other professionals is at the discretion of the Chairperson.



## Child Protection Notification System (CPNS)

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The CPNS is a securely held national list that records the names of children who have been identified as being at ongoing risk of significant harm and are, or have been, subject to a CPP agreed at a CPC. If it is decided at a Review Conference that the risk has been addressed and the child is no longer at ongoing risk of significant harm then they will be delisted and amended to inactive. A child's name is removed completely from the list once they turn 18 years of age.

Access to the CPNS is strictly controlled and is confined to Gardaí, hospital emergency department staff, maternity hospital and out of hours General Practitioners. These select professionals can request a search of the national CPNS when faced with urgent decisions about the safety of a child out of hours. During office hours contact can be made with the local social work service.

## Guide to Child Protection Conference Report Writing

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Any professional attending a conference is required to provide a written report. Reports will be made available to all conference attendees, including parent/s, family members and, in some cases, children. Clear language that is easy to understand is helpful. Reports should be concise and accurate and distinguish between facts, observations and professional opinions. It is entirely appropriate to use professional judgment once it is clearly stated as such. Opinions and interpretations are important, but must be evidenced. A report submitted to a CPC may be presented as part of future child care legal proceedings. Reports should include relevant information on any other children in the household who are not subject to the conference.

Reports should include the following:

- Family composition - including names, dates of birth, addresses and known contacts for extended family members.
- A concise outline of the background to your agency involvement with the child or family.
- An outline of the length and purpose of your agency involvement with the child and family, including details of attendance at meetings/appointments and details of whether or not planned goals and tasks have been achieved.
- An outline of the child's and family's strengths, available support networks, resources, and challenges.

A comprehensive checklist of the type of information required is contained in the appendix and will inform participants of the key elements to include in their report to conference.

## Conclusion

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The participation of all those invited to a CPC is expected and is essential to its success. Furthermore the success of the implementation of a CPP requires all personnel involved with children and their families to collaborate closely.

If you require further information please contact your local social work office or the local CPC Chairperson.

# APPENDIX 1

<b>Early Years/Nursery Staff</b>
Physical health of child
Emotional wellbeing of child
Developmental milestones child has or has not reached
General appearance of child
Child's way of playing
Child's ability to perform tasks
Child's level of appropriate social skills
Parent/child interaction
Parent/child relationship, including separation issues and how that relates to attachment
Parenting skills
Parent's ability to follow advice given regarding child's needs

  

<b>Dentist</b>
Information on suspected or confirmed physical trauma or dental trauma
History of involvement with the family
Family's willingness to engage with services
Parent/child interaction

  

<b>Community Paediatrician</b>
Medical history of child, including hospital admissions
History of involvement with the child and family
Post-mortem investigation of child fatalities
Family's previous contact with services in the hospital and the community
Clinical and forensic evidence of child abuse

  

<b>Family Support Workers</b>
History of involvement with the family
Parental issues and parental capacity
Difficulties within the family
Child's experience of family life

<b>Family Support Workers</b>
Child's means of coping with family difficulties
Child's attendance at school and ability to do homework
Child's support networks and friendships
Relationship and interactions between child and parents/carers
Parents/carers' supervision of the child
Child's and family's support networks
Information regarding the involvement of different disciplines within the family
Family's openness to practitioners and services
Financial and budgetary situation of the family
Employment history of carers
Information regarding the family from the local community

<b>Drugs/AIDS/Alcohol Services</b>
History of involvement with family
Past and current parental drug and alcohol use
Parental HIV and AIDS status
Parent/s' ability to protect child from HIV infection where relevant
Child's HIV and AIDS status
Parental capacity to meet the needs of child
Interaction and relationships between parent/s and the child
History of intervention with family and what has worked
Family's willingness to engage with practitioners and services

<b>Gardai</b>
Past and current involvement with family and extended family
Previous notifications to or from Tusla
Reports of maltreatment
Knowledge of issues related to aggression, assault, addiction, mental health issues, etc.

<b>Gardai</b>
Knowledge of relevant orders, e.g. Barring Order, Safety Orders
<b>Radiographer</b>
Information on the type, frequency and number of injuries sustained by the child
<b>General Practitioner/AMO</b>
Physical and emotional development of the child and carers
Medical history
Access to family home
Parenting issues and their impact on parenting capacity, e.g. alcohol use, mental health, learning disabilities
Pattern of contact with GP and medical services
Information regarding what interventions worked in the past
Current and past use of medication
Impact of medication on parental capacity
Any potential health risks
<b>Psychiatric Services</b>
History of contact with parent/s and family
Information regarding family history and needs of the child
Psychiatric diagnosis
Possible impact of condition on parenting capacity
Previous psychiatric history and the impact on parenting capacity
Treatment progress
Compliance regarding taking medication and impact on parenting of taking/ not taking medication
Attendance at appointments
Availability and take-up of services other than medication
Availability and take-up of family and community supports

<b>Psychiatric Services</b>
Emotional availability to the child
Emotional stability
Interaction with child
<b>Psychologist/Counsellor</b>
History of contact with parent/s and family
Information regarding family history and needs of the child
Level of cognitive and adaptive functioning
Psychological effects of maltreatment
Emotional and behavioural issues
Mood
Levels of self-esteem
Psychological formulation and conceptualisation of the situation
Feelings about the situation
Social contacts
Learning potential and need for additional support
Information regarding what intervention worked in the past
Interaction between parent and the child
<b>Social Workers (Maternity and General Hospital)</b>
History of hospital admissions of parent/s or carer/s and the child
Difficulties within the family
Health and medical needs of the child
Interactions and relationships between parent/s or carer/s and the child
Initial bonding between mother and newborn baby and involvement of father
History of teenage pregnancies within the family
<b>Disability Services</b>
History of involvement with family

<b>Disability Services</b>
Information regarding disability and abilities of the child
Ability of parent/s or carer/s to understand and respond to the child's needs
Impact of the disability on the family
Family's ability to access the services that they require
Family's view of quality of services provided
Availability of services to meet child's particular need
Financial implications of the disability for the family
Availability of respite care
Support networks available to the family
History or incidences of abuse
<b>Physiotherapist</b>
Gross motor development and analysis of cause of delay or abnormality development
Parental capacity regarding handling skills, general physical and play stimulation of the child development
Signs of non-accidental injury
Parenting skills
Attendance at appointments
<b>Occupational Therapist</b>
Child development
Development of functional performance
Child's ability to interact with his/her physical and social environment
Parent/s' understanding of the child's performance problems
<b>School</b>
Educational ability, development and progress
Socialisation and behaviour with peers and adult staff



<b>School</b>
Play
Participation in social/leisure activities during and after school
Emotional development, including self-esteem, self-worth, withdrawn/aggressive
Contact and relationship between the school and parent/s
Liaison with home - is a home/school liaison teacher or education and welfare officer involved?
Knowledge of siblings
History of contact between the family and the school
Child's ability to concentrate at school
Completion of homework satisfactorily to deadlines
Whether the child has appropriate books and equipment
Whether the child has a school lunch and whether it is nutritious
Whether the child is hungry or tired at school
What the child says at school about home
How the child is after the weekend
How the child feels about school
Any notable changes in the child's behaviour
Whether the child is collected from school, if age appropriate

<b>Public Health Nurse</b>
Medical history
The child's developmental history
Information on deviations in normal development
Birth history
Attachment to carers
Immunisation take-up
Attendance at clinic and other appointments
The parent/s' physical and emotional well-being

<b>Public Health Nurse</b>
Information regarding parent/s' upbringing
Parental skills
Roles taken on by parent/s and others in the child's life
Impact of parenting issues on parenting capacity
Family's current and past history of engaging with services
Access to and information regarding the home environment and family life
Information from neighbours, extended family and friends in the community regarding the family
Involvement of extended family members and the existence of support networks
Information on the development of siblings
Observations of the health and wellbeing of children in the home
Referrals made
<b>Voluntary Organisations (service-specific)</b>
History of involvement with family
Information regarding the difficulties and needs of children and parent/s or carer/s
Family's willingness to engage with statutory services
Family's support networks
Family's way of coping with difficulties
<b>Speech and Language Therapist</b>
Child's speech and language assessment and development
Capacity of parent/s or carer/s to understand and respond to the child's difficulties
Child's and parent's ability and willingness to engage with the service
Ability of parent/s or carer/s to work with speech therapy programme
Attendance at appointments
Difficulties within the family
Child's perspective on difficulties within the family

*Source: Buckley et al (2006)*



