

Part 1: What is an Initial Child Protection Conference (ICPC)?

Good morning/afternoon, everyone. Today, I will be discussing the concept of an Initial Child Protection Conference, or ICPC, and explaining the crucial role it plays in safeguarding children.

An **Initial Child Protection Conference** is a critical meeting where professionals from different sectors come together to assess whether a child is at risk of harm or abuse. The main aim of the conference is to determine what actions need to be taken to protect the child and ensure their well-being.

But when exactly is an ICPC held?

An ICPC is typically triggered when there are concerns about a child's safety or well-being. These concerns can arise from reports made by parents, teachers, social workers, or even community members. For example, in the case of Child A, the child's significant behavioral changes, such as poor hygiene and withdrawal, raised concerns among staff at the Early Years setting, which led to the decision to call an ICPC.

The reason an ICPC is so important is that it brings together a wide range of professionals to assess all available information about the child's situation. This helps ensure that no stone is left unturned when considering the child's safety.

Why is the ICPC held?

An ICPC is held to decide whether a child is at risk of significant harm and to formulate a plan to protect them. The professionals at the conference will review evidence such as behavioral changes, physical conditions, family history, and any other contributing factors. If the child is deemed to be at risk, an action plan, which may include a Child Protection Plan, will be put in place (Frost, 2021).

Who attends an ICPC?

Several professionals are required to attend an ICPC, including:

- **Social Workers**, who provide detailed assessments on the child and family situation, based on their knowledge and prior visits.
- **Police Officers**, especially those with experience in child protection, who may have been involved in investigations or have knowledge of family circumstances that are crucial to understanding the risk.
- **Health Professionals**, including doctors or child nurses, who provide an expert opinion on the child's physical and emotional well-being.
- **Early Years Professionals or Teachers**, who can offer insights into the child's behavior and any concerns raised in the school or early years setting.

Together, these professionals work collaboratively to decide on the next steps, ensuring the child's safety is prioritized.

In essence, an ICPC is a key decision-making process where professionals decide how best to protect a child, based on the evidence gathered. For example, in our scenario with Child A, who has been arriving at the setting with poor hygiene and an unfamiliar male, the professionals involved would need to assess whether this situation poses a risk of harm.

Part 2: The Reports from Professionals

Now, let's move on to the next section, where I'll present two reports based on the case of Child A (the 3-year-old) and their younger sibling, Child B. I will be presenting these reports as though I'm a **Social Worker** and a **Police Officer**.

Report 1: Social Worker's Report

Good morning, I am Abby, the social worker assigned to the case of Child A and Child B. I've been involved in assessing the welfare of both children after concerns were raised by staff at the Early Years Setting.

Here is a summary of my report:

Over the past month, staff at the Early Years Setting have reported significant changes in Child A's behavior. Normally, Child A was a very active and social child, but recently, they have become withdrawn, displaying minimal interaction with peers and staff. Additionally, their hygiene has deteriorated noticeably. Child A has been arriving at the setting in dirty clothes daily, and there has been a general decline in personal care. This is concerning as it indicates neglect and a lack of care at home.

The most recent concern occurred this morning when Child A arrived with an unfamiliar male adult. This adult was not known to the setting, and staff immediately noticed a strong smell of alcohol on him. The child appeared upset and withdrawn, and this raised immediate concerns about the child's safety in the presence of this adult.

I attempted to speak with Child A's mother to understand whether there were any changes in family circumstances that might explain these behaviors. However, she provided no explanation for the child's behavior and did not acknowledge the deterioration in Child A's hygiene. This response, combined with the mother's apparent unawareness of any issues, raises concerns about her ability to protect and care for Child A properly.

In addition to Child A, we are also concerned about the welfare of Child B, who is a younger sibling under 1 year old. While we have not yet observed any direct signs of harm to Child B, the situation surrounding Child A indicates a potential risk to both children.

Following my assessment, I recommend an immediate referral to an Initial Child Protection Conference (ICPC) to assess the risk to both children and to create an appropriate Child Protection Plan if necessary.

Report 2: Police Officer's Report

Hello, my name is Chris, and I'm the Police Officer assigned to child protection cases. I am here to present the findings of my investigation into the concerns raised regarding Child A and Child B.

On the morning of Tuesday 21st of September 2024, I was alerted to a situation involving Child A, a 3-year-old child, who arrived at their early years setting with an adult male who was not known to the staff. The staff immediately noticed a strong smell of alcohol on this male, which raised concerns about the adult's ability to care for the child safely.

Upon speaking with staff, I learned that Child A's behavior had become more withdrawn in recent weeks, and they had been attending the setting in a state of neglect, with dirty clothes and poor hygiene. These behaviors raised concerns about potential neglect or emotional harm.

I visited the family home on [Insert Date], accompanied by a social worker. While we did not observe any immediate signs of physical abuse, the home environment was chaotic and unkempt. There were concerns about the living conditions, including unsanitary areas and inadequate sleeping arrangements for the children.

The male adult who was seen with Child A was questioned but was unable to provide sufficient information about his relationship to the family or the child. He appeared intoxicated and did not seem to be a responsible figure in the child's life.

Given the clear evidence of neglect and the presence of an unknown intoxicated adult, I strongly support the recommendation for an Initial Child Protection Conference to ensure that the children's safety is thoroughly assessed, and appropriate actions are taken.

Part 3: Conclusion – Outcomes of an Initial Child Protection Conference

Now that I've presented the reports from both the social worker and the police officer, I will discuss the possible outcomes of the Initial Child Protection Conference (ICPC).

At the ICPC, professionals will carefully evaluate all the information presented regarding Child A and Child B. The goal is to decide whether the children are at risk of significant harm and, if so, what actions need to be taken.

Here are the potential outcomes of the ICPC:

1. **Child Protection Plan (CPP):** If the ICPC concludes that the children are at risk of significant harm, a Child Protection Plan will be developed. This plan outlines specific actions that need to be taken by both the family and the professionals involved to protect the children. It includes regular reviews to assess progress and ensure that the children's needs are being met.
2. **Family Support Plan:** In some cases, the ICPC may decide that while there is concern, it is not at the level of significant harm. A Family Support Plan may be implemented, offering the family support services to address the issues affecting the children's well-being.

3. **No Further Action:** If the ICPC determines that there is no risk of harm or neglect, the case may be closed, and no further action will be taken. This outcome would occur if the concerns were not substantiated or if the family situation significantly improves.
4. **Referral to Specialist Services:** If there are concerns about specific needs, such as mental health, substance abuse, or domestic violence, the children and family may be referred to specialist services for further assessment and support.

In conclusion, the purpose of the ICPC is to ensure the safety and well-being of the children by taking a collaborative approach to identifying the risks and implementing the necessary protective measures.

Self-Reflection (2 minutes)

Now, I want to take a moment to reflect on my role in safeguarding children, focusing on the key areas of recognizing, recording, reporting, and referring concerns.

Recognizing Abuse

Recognizing signs of abuse is one of the first steps in safeguarding children. In this case, the change in Child A's behavior—becoming withdrawn, with signs of neglect like poor hygiene—was a red flag. My ability to recognize these signs comes from my **knowledge of the signs and symptoms of abuse**, which I have developed through training and experience. As noted by **Buckler (2023)**, early recognition of signs of abuse is crucial in preventing harm and intervening effectively. Ongoing training ensures that I stay up to date with current safeguarding knowledge.

Recording Abuse

Accurate and detailed recording is essential in safeguarding, as it ensures that concerns are documented for future review and action. This includes documenting observations, concerns raised, and actions taken. As **Burton and Reid (2017)** state, clear and factual documentation helps ensure that there is no ambiguity in the information shared with other professionals. In this case, I made sure that all my interactions with the family and any observations made in relation to Child A were carefully recorded.

Reporting Abuse

The next crucial step is reporting concerns appropriately. Reporting concerns without delay to the relevant authorities is vital. According to **Lindon and Webb (2016)**, once concerns are identified, the response should be immediate and consistent, with the information shared using appropriate channels to protect the child's welfare. In this case, I referred the case immediately to the Designated Safeguarding Officer (DSO) and followed up with a report to the Initial Child Protection Conference.

Barriers to Responding to Safeguarding Concerns

One challenge I face when responding to safeguarding concerns is **dealing with uncertainty**. The mother's response in the case—denying any issues and not recognizing the child's decline—highlighted a possible barrier to intervention. **Firmin et al. (2022)** explain that professionals may encounter barriers such as a lack of cooperation from families, uncertainty about how best to intervene, and concerns about the potential consequences of making a referral. It's essential to overcome these barriers by being clear about the risks to the child and the legal and ethical duty to protect them.