

Part 5

Getting children and families the help they need when they need it

Responding to children's needs - appropriate, proportionate and timely help

A fundamental principle of *Getting it right for every child* is that there are clear and transparent ways of accessing advice and help. This means that every agency in Highland that has connections with children or their families takes responsibility for responding to any request for help.

A guiding principle is that help should be appropriate to the individual circumstances. In many cases, the named person or another practitioner will be able to act quickly to provide the help that is needed.

As outlined in Parts 1 and 2, the *Getting it right for every child* approach should ensure that parents feel able to talk to a practitioner, usually the child's named person, in order to make sense of their worries and do something about them.

Practitioners also need to help children and families feel confident they can raise these concerns and talk about their worries to people who will listen and respect their point of view. Children and families should feel that any worries will be taken seriously. This will demand sensitivity and awareness by practitioners of any cultural issues that might influence children's and families' perspectives. Children and families should also know that, if appropriate, action will be taken and help provided. Some of the worries that families have will be about their children's health or progress. But parents also worry sometimes that their children might not be safe in their school and community.

The *Getting it right for every child* approach should ensure that parents feel able to talk to a practitioner, usually the child's named person, in order to make sense of their worries and do something about them.

They should ensure children and families are linked with the appropriate agency who can best assess their needs. Parents, for example, might want to register anxieties about syringes in the local playground, as well as worries about an individual child's health or well-being. Agencies who are approached should ask themselves if they can offer help. If they cannot, they should not send children and families to seek help elsewhere but should facilitate contact on their behalf by speaking to the named person or contacting the department concerned.

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There are occasions when practitioners will need to make a judgement about whether emergency procedures to protect a child from harm need to be instigated. In these cases, Highland has clear protocols for every agency for activating such procedures. See Highland's Child Protection Procedures: http://www.protectinghighlandschildren.org/htm/Guidance_link_page.htm. In cases where immediate action is needed, it will still be necessary to identify the concerns that have brought it about.

Recognising when children need help

Many children will progress along their childhood pathways getting the help that all children can expect from the universal services within health and education. Sometimes, parents, practitioners and children themselves may worry that children are not making progress as well as they should be. Most often, this worry will emerge in the form of a concern to be recorded on the record of concern. A child may not be getting on well at school; a baby may not be

growing at the rate that is normally expected. A child from a different culture, whose first language is not English, may be finding it hard to make friends. Sometimes, worries are easily dealt with by the primary health care team or the school but in other cases, concerns are more serious, such as the realisation that a child may have a serious condition, such as cystic fibrosis or the suspicion a child may be diagnosed with dyslexia or is being bullied. In a minority of situations, the worry is so serious and the child is so much at risk that practitioners need to take urgent action to protect the child. Examples are where there is evidence that children have been directly abused or neglected or where domestic violence is having an impact on their welfare. There are also children whose challenging or offending behaviour makes it necessary for police or social workers to take action.

An assessment and planning pathway to help children and families

To make sure children get the help they need, Highland has an **assessment and planning pathway** to help children and families. *Getting it right for every child* ensures that the same pathway is used by practitioners in all the agencies that work with children.

Taking the universal records of health and education as a starting point, if a child needs help beyond that of the universal arms of health and education, the first step is to record concerns. In many cases, these concerns will be based on 'assessments' practitioners have made in the course of their daily work.

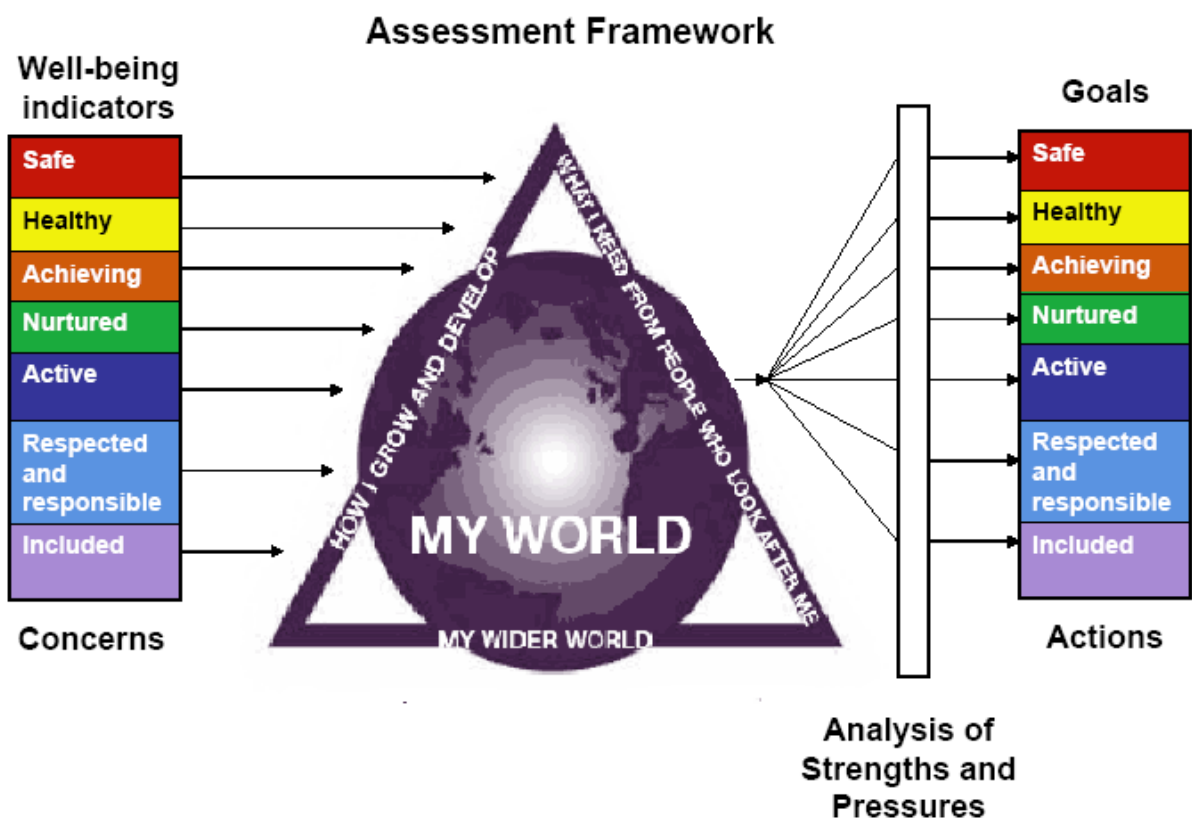
If further information is needed before a single agency plan or a multi-agency Child's Plan can be made, the named person or the lead professional will trigger a more detailed process of assessment. For all children, this will involve:

- gathering further information relevant to the concerns around the *My World Triangle* and any other specific information;
- organising the information under the appropriate headings of the *My World Triangle*, as set out in the Child's Record in Health and Education or using the Care First planning format;

- analysing the information (using the Resilience Matrix where appropriate);
- summarising the child's needs against the well-being indicators of a child being safe, healthy, achieving, nurtured, active, respected and responsible and included;
- constructing the Child's Plan.

Later in this part of the Guidance, details are spelt out of how this pathway may be activated and the routes practitioners will be able to take to provide help to children and families.

The following diagram illustrates the journey from record of concern to Child's Plan.



Starting to help – recording concerns

Anyone should be able to identify, record and share concerns at an early stage, without feeling they have to wait until a problem is evident or the family is in a state of crisis.

Gaining permission from children and families to record and share information

As suggested in Part 2, it is extremely important that children and their families are fully involved in the recording of information. Children, according to their age and understanding, and their parents or carers need to know what is being written down and what will happen to that information. Practitioners should ask their permission to share the information in accordance with Highland's policy for sharing information.

In most cases, parents and children will see the activity around sharing information as positive and a gateway to getting the help they need (see Part 2). Sometimes families will not see the value of sharing information and will withhold consent. In these circumstances practitioners should continue to negotiate with families the benefits of sharing information in the best interests of their child.

In all cases, practitioners will need to ask themselves if the impact on the child is so serious that it means the child is at greater risk of not reaching their potential, including being in need of protection. This involves the practitioner assessing whether there is greater risk, and how significant this is. In certain cases, including where the child is in need of protection, it will be necessary for the practitioner to decide to share information and seek assistance from others without consent. Where this does not itself increase risk, parents and/or children should be informed of this, and the reasons and decisions should always be recorded.

Triggering concerns

There are four main ways of noting that a child might need extra help:

1. Where children or families wish to bring concerns to the named person or lead professional

Sometimes children and families may have a worry about the child that they

wish to discuss with the named person, or they may wish to request a service they think would help resolve a particular issue. In these cases, the child and family should either discuss the issue with the named person, or any other person involved with the child and family, and that person should then contact the named person to ask for help. Where a lead professional has already been appointed and a Child's Plan has already been drawn up, it will be the lead professional to whom any new concerns should be forwarded or raised. In these cases, such as where a child is looked after by the local authority, or where there is complex need, the lead professional will usually be the most appropriate person to deal with the concern.. A significant principle of *Getting it right for every child* is that children and families should be able to get help easily and as early as possible and therefore, in some circumstances, they may approach a practitioner they know and trust to contact the named person or lead professional on their behalf.

2. Where concerns are recorded by the named person or others in their agency

The named person within health or education can record his or her own observations as 'concerns' to inform further gathering of information. Should others in these organisations have identified concerns, they will normally pass this information to the named person to decide whether any further action is required unless there is good reason to keep the information within their own agencies. They will also need to decide whether they need to involve any other agencies or colleagues within their own agency.

This may include health and other services for adults who are also parents. Service for adults, especially in health, need to take into account whether a patient is also a parent and whether that adult's condition will have an impact on the child. If they think it will affect children in the family, they should, normally with parents' permission, get in touch with the named person.

The principles of the *Children (Scotland) Act 1995* state that parents have a responsibility to safeguard and promote the health, development and welfare of children. Health and other services for adults have an obligation to collaborate

with children's services to make sure parents get the best possible help to fulfill their responsibilities towards their children.

3. Where concerns are noted by individuals or non statutory agencies or organisations outwith health and education

Concerns can be put forward to the named person by members of the public or community organisations, such as playgroups, sports and youth groups as well as by voluntary organisations. A youth worker, for example, might be concerned about a young person's behaviour. Services for adults are included here. These practitioners will need to detail their concerns, and the evidence on which they are based, in the same way as the named person would do and use the procedures in their agencies to check information they hold about the child. They would also need to check out their concerns and the evidence for these with their managers. They will then inform the named person for the child. In most cases, the named person and the person who has noted concerns will decide together what further action is to be taken.

In a minority of cases, where the child's immediate safety is an issue, social work and police should be informed immediately. In these cases, Highland's child protection procedures must be followed. See:

http://www.protectinghighlandchildren.org/htm/Guidance_link_page.htm

4. Concerns noted by the police

Police in their day-to-day duties may identify or be notified of concerns for a child or young person. It may be that the activities of adults in their lives is having an impact on their wellbeing, such as alcohol or drug misuse, chaotic lifestyles of the parents or carers or domestic abuse within the family home. It may be that the child or young person is placing themselves at risk of harm by alcohol or drug misuse, regularly running away from home, involved in anti-social or offending behavior or associating with adults who may pose a risk to them. In other situations a crime may have been committed against a child or young person, or they may have been abused or neglected in some way. No matter what the concern is information will be gathered, recorded and shared with those people who are involved with the child or young person or those who

may need to be involved as a result of the concerns identified.

If a police officer thinks from his or her observations that a child is at immediate risk of harm and the child or young person is in need of protection, the police may use emergency powers to remove the child or children from this situation.

Contact will be made with social work services to arrange for the child or children to be accommodated elsewhere. There is clear guidance regarding this, which can be found within the Highland Child Protection Committee Guidelines and also within the Crime Managers' Handbook (police guidance):

<http://www.forhighlandschildren.org/htm/girfec/gir-publications/police-guidance-compl-071207.pdf>

In this situation the concerns identified will also be recorded and shared with the named person for the child or young person or the lead professional if one has already been appointed.

In situations where concerns are identified about a child or young person that necessitate a formal child protection investigation into an allegation of a crime then again, the existing procedures to protect children will be followed. The matter will be addressed by both a trained police officer and the social work services. The named person or already existing lead professional will be notified and a decision will be made as to whether a child's meeting will be held to address the needs of the child or young person. The Children's Reporter will be notified about any child protection investigation and its outcome.

In Appendix 1, there is a summary of the risk assessment framework for protecting children at risk of harm that underpins the implementation of *Getting it right for every child* plus aide-mémoires showing risk factors in different circumstances, where children need protection. The following box shows brief indicators of when to be vigilant about a child's safety.

Being vigilant about a child's safety

There will be circumstances where members of the community, practitioners, children and families have serious anxieties about the safety of an individual child. These might include where:

- A child has been injured
- A child is seen in the company of people, either adults or children, who may be putting the child at risk
- A specific allegation of child maltreatment has been made
- There are anxieties that a child may be experiencing continuing maltreatment or neglect
- A child is behaving in a way that is dangerous to him or herself or others

If individuals, including parents, children and others believe that a child is at risk, they should make this known to police or social work, as laid out in Highland's child protection procedures. It is important such situations are responded to immediately.

Anyone working in an organisation should make sure they are familiar with and follow their organisation's child protection procedures. These should give advice on who to contact, how to take immediate action and how concerns should be recorded.

What happens to concerns once they have been recorded?

What happens to the concerns will very much depend on the nature of the issues and their impact on the child. It is possible to identify the different routes and processes from the point of identification of concerns and their impact on a child to the formulation of a single agency plan or a multi-agency Child's Plan.

Getting from identification of concerns to providing appropriate help will always involve some gathering of information and analysis of need before a plan can

be put in place. In some cases, this can be done very quickly. In other cases, a great deal of information will need to be gathered and analysed to get the complete picture. In any circumstances, practitioners can offer help in the meantime. Having to gather complex information should not preclude immediate help being offered.

The five questions practitioners will ask themselves at the point where there is a record of concern have been outlined earlier. These are:

- **What is getting in the way of this child reaching his or her potential?**
- **What can I do?**
- **What can my agency do?**
- **Do I need to share information or gather any further information to construct a plan?**
- **What additional help, if any, is needed from other agencies?**

Taking action in different circumstances

The recording of concerns will usually be the trigger for action by practitioners. There are several ways this will happen. In every circumstance, it is critical that children and families are involved in discussions, the gathering of information and decision-making.

Where the named person records concerns there are three options for action:

1. Taking action within the universal services where concerns have been noted

The named person will scrutinize the record to ensure they have a full grasp of the child's history and consult with their manager. If the issues can be dealt with by the named person, responsibility for taking any action to address identified concerns will remain with them. There are two courses of action:

1. The **named person discusses** the information gathered with the child and family and other practitioners who know them in the named person's

agency and all **agree no further action** is needed at that time.

2. The **named person agrees action** to meet the child's and family's needs from within resources of their own agency.

If the named person thinks the child's needs cannot be met within their own agency, and has consulted with line managers about the child's circumstances, they may use the information they have gathered, using the *My World Triangle* to assess the child's needs and, including appropriate analysis, to access early intervention services from another agency.

The **named person takes on the role of lead professional**, consults with the child and family and asks other agencies to provide early intervention services, as part of the early intervention framework agreed by Service Managers, based on the assessment so far. These services should be provided without the delay of a reassessment from the second agency. This kind of trust and co-operation is fundamental to the success of *Getting it right for every child*. Additional information-gathering could include more specialist assessment of a particular aspect of a child's needs, such as an assessment of mental health needs. In this case, the specialist assessment should not duplicate the information that has already been gathered.

Co-ordinating the assessment, analysing the information and constructing a Child's Plan

It will be the role of the lead professional to co-ordinate information from other agencies, asking them to use the *My World Triangle* as a guide in their contribution to the overall assessment. Some practitioners may also contribute specialist information about a particular aspect of a child's development, for example, where a child has serious health problems or needs educational assessments about what is getting in the way of their achieving at school.

All the information should be analysed by the lead professional, using the Resilience Matrix to make sense of what is happening. The relevant seven well-being indicators should be used as a framework to construct a description of

what needs to change and the actions to be taken to improve the child's circumstances. Use of the indicators should be proportionate to the child's needs and situation.

Because at least two agencies are working together, there will need to be a multi-agency Child's Plan. The lead professional, in consultation with the child and family, will agree the Child's Plan and put it into action, including arrangements to review the plan against the seven well-being indicators of being safe, healthy, achieving, nurtured, active, respected and responsible, and included. Plans should be made and put into action with as little delay as possible. It will often be unnecessary to hold a child's meeting to put a plan in place. It should be possible in many cases for multi-agency help to be organised and delivered without a formal child's meeting.

When is a child's meeting necessary?

There are, however, some cases where it will be a positive choice to hold a formal meeting to make decisions and construct the Child's Plan.

1. *Liaison Meetings*

A meeting will be necessary where early intervention has not addressed the child's needs within a reasonable timescale, or where the circumstances become more complex. In such situations, a Liaison Meeting will be required because the circumstances that held at the start of the early intervention no longer hold. This will include:

- where further assessment suggests an acute level of complexity that requires a targeted service;
- complexity is increasing despite the provisions of an existing Child's Plan and advice is required;
- concerns are not reducing despite the Child's Plan having been in place for six months and advice is required;
- referral to the Children's Reporter is being considered;
- a lead professional may need to be appointed from an agency providing a

targeted service;

- volume exceeds agency capacity to deliver the Child's Plan;
- additional resources are required that cannot otherwise be met.

This Liaison Meeting will involve managers who have delegated decision making authority from their agencies in respect of allocation of targeted resources and staff. This group has a corporate function to be aware of children in need in their area, and be confident their needs are being properly addressed and managed.

The Liaison Meeting can determine resource allocation, and will also decide ongoing assessment and review processes. The latter will include

- whether early intervention services should continue;
- if the core group of professionals should in future hold child specific group meetings to agree the Child's Plan;
- whether the lead professional should change and, (if so), who this will be;
- whether the Child's Plan can continue to be managed, subject to review, by the Lead Professional with Child's Plan meetings.

The times of the meetings about individual children should accommodate the needs of children and families, but this group will normally meet regularly on set dates to maximise professional attendance and time. If it is envisaged that the Child's Plan will be discussed in detail, it can be altered if necessary to better meet a child's needs, although often that should happen as part of subsequent processes. The child and family must be invited to the Liaison Meeting, and should be prepared by the Lead Professional or other identified person.

There are circumstances when children and families may not need to attend the part of this regular meeting that is concerned with resource provision, or when allocation of a Lead Professional is being discussed, or if an agency is not in a position to deliver part, or all, of the Child's Plan. Nevertheless, the child and family should always be informed that the meeting is taking place and their views must be put forward.

These meetings will be organised by the Integrated Services Officer. Good practice would suggest that the chair should rotate, thus ensuring ownership of and commitment to the process. The main points of the discussion and any decisions taken must be recorded. This will either be in the Child's Plan or as a separate note which should be held in the child's record.

2. Child Specific Group Meetings

For some children, the core group of practitioners involved in meeting their needs will be required to meet to agree the Child's Plan. This will include where that has been determined by a Liaison Meeting. It will also include those children where there are significant risks and needs, and early intervention services were not utilised.

A child specific group will need to meet where:

1. this has been determined by a Liaison Meeting;
2. the child is looked after and accommodated;
3. the child is at risk of significant harm;
4. the child has a co-ordinated support plan.

The Lead Professional will organise these meetings, including the attendance. In some cases, they will be chaired by a Quality Assurance and Review Officer.

Each meeting should decide whether further meetings are required to review the plan. A review will always be required where the circumstances in 2 - 4 above continue to exist.

A Child's Plan might need to fulfil the requirements of a range of statutory processes, including different timescales for review. Where, for example, a child who has a Co-ordinated Support Plan becomes looked after, it will be necessary to align reviews to ensure that the child has **one plan** which meets his or her needs and fulfils the obligations on both statutes.

Making plans for children as a means to achieving outcomes

Where additional services are needed, any plan should be proportionate to the action proposed but should always include a review of the help arranged and the impact it has had. This applies to plans incorporated into single agency records as much as it does to a multi-agency Child's Plan. As outlined in Part 1, whenever practitioners are taking action to help families, there will be some element of planning and recording, even if a simple services can be offered directly. The principles of constructing a plan will apply in all circumstances.

These are that a plan should include:

- reasons for the plan
- partners to the plan
- the views of the child (according to age and stage of development) and their family or carers
- summary of the child's needs
- what needs to be done to improve the child's circumstances
- details of action to be taken
- resources to be provided
- timescales for action and change
- any contingency arrangements, if necessary
- arrangements for reviewing the plan

Additional information will be required for a multi-agency Child's Plan.

Recording the Child's Plan

Whether there is a single agency plan or a multi-agency Child's Plan, and whether it is short and simple or more complex and detailed, a clear record of the plan must be made, which ensures that it includes what is needed, why, what will be done, by whom and when.

A multi-agency Child's Plan will inevitably be more complex than any plan for action constructed in a single agency. Where there is a Child's Plan, then alongside the list above, other factors will need to be included. In summary, therefore the Child's Plan should include:

- **Reasons for the plan** Why agencies or families believe a child needs a plan, including any issues of concern to be addressed.
- **Partners to the plan** The name and designation of all the partners to the plan including parents and children and how they can be contacted. This will also include the named person and/or lead professional and any members of the core group who will be taking actions forward.
- **The views of the child and their parents or carers** The views of children and their families about all of the elements of the plan should be recorded, preferably in a way that is accessible to children and families and includes them in the constructing of the plan. Children and families are central to the plan and to making sure it succeeds.
- **Summary of the child's needs** The summary should have come out of the assessment that has been done using the *My World Triangle*, any additional specialist information and the analysis using the Resilience Matrix. It should highlight the positives in the child's world as well as the needs as building on strengths may be an important part of the Child's Plan. The needs should be expressed in terms of what is missing to make the child safe, healthy, achieving, nurtured, active, respected and responsible, and included. It is not expected that there will be needs in every area for every child. The needs will depend on the child's circumstances.
- **What needs to be done to improve the child's circumstances** The plan should identify both short and long term desired outcomes and the priorities for immediate action.
- **Details of action to be taken** By whom (to include practitioners, the family and the child).

- **Resources to be provided** By whom and within what timescale. (Any difficulties agencies may have in providing resources of the type or level required by the plan should be recorded).
- **Timescales for action and for change** These timescales should relate directly to a child's circumstances and to the help practitioners will be providing.
- **Contingency plans** A statement of what will happen if agreements, actions and outcomes are not met, or if circumstances change.
- **Arrangements for reviewing the plan** Building in details of how the plan will be reviewed makes sure everyone knows how and when this will be done.

For a multi-agency Child's Plan it will also be necessary to include:

- **Lead professional arrangements** It should be clear in the plan who is the lead professional and how he or she can be contacted. The lead professional is critical in planning as the person who has responsibility for co-ordinating various actions and making sure they have been carried out.
- **Details of any compulsory measures** Where compulsory measures of supervision are needed, the reasons for these and the evidence to be placed before the Children's Hearing should be recorded within the plan. This will include circumstances where a decision has been previously made by a children's hearing and is being implemented.

Monitoring and reviewing the Child's Plan

When action is taken or practitioners provide services for a child and family as part of a child's plan, it is essential to know how well the child is doing. This includes whether practitioners and family members have done what they set out to do, whether it has achieved the desired outcome, and, if not, what else now needs to be done. The monitoring and reviewing arrangements will have been

set out and agreed during the writing of any plan for a child. The lead professional or named person, depending on the nature of the plan, is responsible for monitoring that the plan is being acted upon. Highland has put in place arrangements to ensure that any conflict about work not accomplished or roles and responsibilities not being carried out can be resolved (see Part 3).

As a principle, no more than six months should go by without the single agency plan or multi-agency Child's Plan being reviewed but arrangements for monitoring and reviewing the plan should be proportionate. In most cases where the child's needs are met within the single agency, it will not be necessary to have a formal meeting. Discussions may take place in variety of ways whilst ensuring the child and family are fully involved, the plan is working effectively and the outcomes are being achieved.

The essential questions for the named person or lead professional to review are:

- **What has improved in the child's circumstances?**
- **What if anything has got worse?**
- **Have the outcomes in the plan been achieved so that the named person can take over sole responsibility again?**
- **If not, is there anything in the plan that needs to be changed?**
- **Can I continue to manage the plan?**

Everyone who is involved in reviewing the single agency plan or multi-agency Child's Plan should consider how well the child is doing, where there is any new information or change of circumstances, the impact of the services and whether the intended changes and desired outcomes have or are being achieved. It may be necessary to revise the original plan in the light of new information or circumstances. If this needs to happen, new timescales should be set and the date for the next review.

The review may show that the child's circumstances have improved and the plan is no longer required. It may show that the child's circumstances have

improved but the plan needs to continue. It may show that concerns have increased, and the plan is no longer working, so needs to include different or more targeted support.

If there has been a single agency plan, the need for a review may reflect that there is a level of complexity that cannot be managed in universal services. Further or more specialist assessment may be needed.

Practitioners need to be vigilant about any new information that changes a child's circumstances and respond appropriately and flexibly without having to wait until the next review date. The actions taken for the review of the multi agency Child's Plan, including whether or not there has been a child's meeting, should be recorded. In cases where there is a statutory requirement for a review, the Quality Assurance, Planning and Review Officer should make sure the requirement has been met.

The lead professional will have a key role in co-ordinating and collating summaries of the work which has been undertaken, achievements and progress made, and any setbacks in the review period, including outstanding work or difficulties encountered by the child or family. Information for a review should be shared in advance with the child, family and other practitioners, so that, if there is to be a formal meeting, all those attending are fully prepared. The child and family's views are a critical contribution to the review.

Everyone, including parents and carers, should pay particular attention to any transitions the child may be experiencing, such as a change of household, a change of address, moving from one school to another, or transition from children's to adult services, so that these can be included in the review of the Child's Plan to ensure there is no gap in service. Where a child moves without warning or goes missing, the lead professional is responsible for ensuring that the most recent assessment and planning information is sent to the receiving area as soon as possible and should follow their own agency procedures to make sure this is done.

The reviewed plan, in any circumstances, whether in single or multi-agency context, together with any reports from the practitioners involved, should always be carefully recorded and communicated to all the partners to the plan. If a plan has included concerns about a child's safety or well-being, it is important to include in the review of this type of Child's Plan a summary of contacts or appointments kept or not kept with action taken. Where a situation has deteriorated, the review may also be an opportunity to look at whether compulsory measures are appropriate, particularly if children are seen as at risk of harm or are a risk to themselves or to others.

Where outcomes in the Child's Plan have been achieved

Where the outcomes of a multi-agency Child's Plan have been achieved, it is important that the partners to the plan hold a final review of progress since the plan was made. Everyone should be clear about how a child and family can get in contact again with the named person if they need to do so. Everyone needs to be clear that the named person **will resume sole responsibility** for the child within the universal services of health or education, according to the child's age. The ending of work with children and families requires careful management and planning.

At all times, it must be remembered that, while planning is an important part of offering appropriate help, it should not be an end in itself. It is the actions that arise from the any plan and the outcomes these produce for an individual child that matter most. *Getting it right for every child* is about fulfilling future aspirations through current actions. At all times, these actions will refer back to the aspirations for all Scotland's children that they should become confident individuals, effective contributors, successful learners and responsible citizens. *Getting it right for every child* is a practical way of supporting everyone who is helping children to play their part in meeting these goals.

The Main Points from Part 5

- Practitioners need to make sure children and families can access help when they need it;
- Highland has created an assessment and planning pathway for additional help which begins with a record of concerns, includes assessment and analysis and the putting together and reviewing of a Child's Plan;
- Gaining consent from children and families at every stage is at the heart of the pathway;
- Records of concerns can be triggered in several ways and there are processes in place to ensure different agencies and individuals know how to record concerns;
- Where concerns have been recorded, practitioners need to ask themselves five questions:
 - **What is getting in the way of this child achieving his or her potential?**
 - **What can I do to help this child?**
 - **What can my agency do to help this child?**
 - **Do I need any further information to construct a plan?**
 - **What additional help, if any, is needed from others?**
- It will not always be necessary to hold meetings to put the Child's Plan in place and practitioners should consider carefully why a meeting is necessary and what the arrangements will be;
- Reviewing the plan is an essential part of ensuring help has been effective;
- When outcomes have been achieved the named person will resume responsibility for the child's welfare;
- Every plan for any child should include:
 - reasons for the plan;
 - partners to the plan;

- the views of the child (according to age and stage of development) and their family or carers;
- summary of the child's needs;
- what needs to be done to improve the child's circumstances;
- details of actions to be taken;
- resources to be provided;
- timescales for action and for change;
- any contingency arrangements, if necessary;
- arrangements for reviewing the plan.

Where there is a multi-agency Child's Plan, this will include lead professional arrangements and details of any compulsory measures.