

Getting it right for every child **Child's Plan template to be used in Health**

Purpose of this guidance

The purpose of this document is to assist all NHS Highland staff who are Lead Professionals to record a Child Plan in a consistent way, in partnership with our multi-agency colleagues and to meet the needs of a child.

This guidance is intended as a summary and staff are advised to refer to relevant guidance, procedures and protocols to aid practice.

In the *Getting it right for every child* approach any child or young person who requires additional help should have a plan to address their needs and improve their well-being. This may be a single agency plan, but when two or more agencies are working together to deliver a service a multi-agency Child's Plan is required and a Lead Professional will need to co-ordinate the Plan.

When the Lead Professional is someone in Health, the **Child's Plan - Health template**, is to be used. The Plan is constructed with the child, family and other relevant people. The Plan can be downloaded from <http://www.forhighlandschildren.org/htm/girfec/girfec-agencydocs.php> and it is proposed that in the near future NHS Highland staff will be able to access the Plan from the NHS intranet.

There are **three** components to a Child's Plan:

- Part 1. An assessment/report
- Part 2. A record of all agreed goals and actions
- Part 3. A record of progress/review

The Child's Plan, identifies the actions necessary to address the child's needs, and notes what improved outcomes are expected, it specifies who is to take what actions, within what timescales, and outlines the arrangements for monitoring progress and reviewing the Child's Plan.

The level of detail in the plan should match the complexity of the child's circumstances and needs. It is not anticipated that all sections require to be completed. **If a section is not required write 'non applicable' rather than leaving it blank.**

The Plan should contain the following:

Part 1 Core Data and Assessment

- **Demographic details;** child's name address, educational establishment if appropriate, family details and other significant people e.g. foster parents, child minders, grandparents and who has parental rights and responsibility.
- **Partners to the Plan;** all those involved and providing care and support to the child, and including the child, parent.
- **Reasons for Plan/Report;** should contain a brief summary of concerns and background, with relevant information with regards to additional and/or targeted support. If the Child's Plan is to inform a referral to the Reporter, record here the reasons for referral and ensure the recommendation in respect of the need for compulsory measures is explicit (Section 52 Children (Scotland) Act (1995) in 'Other Action' Part 2 Action Plan
- **Chronology;** lists details of significant events and relevant information that pertain to the issue or concern identified that has led to the child requiring a Plan. This could be drawn from a

chronology used from any department record or from another agency and attached to the Child's Plan or listed within the chronology section of the Child's Plan.

N.B. Not all information from the agency records may be shared, confidential information possibly due to its sensitive nature or legal status should be withheld unless specifically asked and consent given. Seek advice from Child Protection Advisor/Team Leader if unsure.

- **Information Sharing;** Note consent, how and for what purpose and to whom. If information is shared without consent, note details with whom and reasons for doing so. In terms of a child in need of protection, information should be shared as per Highland Inter-agency Child Protection Guidelines.
 - **Withholding details from the Plan?** In some circumstances, there may be information that can not be shared with a child /family or carers. The main reason for this may be that sharing information would place the child at further risk or it may jeopardise a criminal investigation. This information can still be shared to professionals working with the child and family to assist in their assessment and planning and will be in the format of a separate confidential document. If this information needs to be discussed at a Child's Plan meeting it will be done within a protected period where the child and family are not present.
 - **Basis of assessment,** identify by which means and source, the information has been gathered to inform the assessment. Any specialist health or other agency assessments that have contributed to the Plan should be recorded here, e.g. acute/community paediatrics, DCFP, AHP, SALT.
 - **Assessment;** is the record of a thorough, integrated, **multi-agency** assessment of needs and risks, using the assessment tools of the *Getting it right for every child* Practice Model, with contributions from those who may be involved including adult services and therapeutic services as appropriate. Conclusions and recommendations from specialist health and other agency assessments should be incorporated within the main body of the "My World Triangle" assessment as appropriate. Detailed advice regarding the use of "My World Triangle" and Resilience Matrix in assessing and planning for children is contained in the Highland Pathfinder Guidance: <http://www.forhighlandschildren.org/html/girfec/gir-publications/getting-it-right-pathfinderguidance-v1-mar08-consultation.pdf> (Warning 1.5MB - for individual sections, please access via the follow web page)
<http://www.forhighlandschildren.org/html/girfec/girfec-agencydocs.php>
- Assessment is not an event, but a dynamic process by which children, families and practitioners can contribute information and decide what it means, so that they can plan the actions/ interventions required to improve the child's circumstances. The Child's Plan should reflect that process.
- **Analysis;** under each section of the "My World Triangle" from the circumstances identified in the assessment, identify what significance or what is the likely impact they will have on the child/carers and wider world
 - **Risk Assessment.** Identify any risk to the child. Include immediate or longer term significant harm. Highlight the nature of the risk, triggers for harmful behaviour and circumstances in which risk is most likely to occur – identify ways that this could be managed.
 - **Summary of Needs;** linking to SHANARI, record conclusions/recommendations about what the child needs and how needs should be met.

Part 2 - Action Plan

- **Goals and Actions;** provide the opportunity to record the goals for the child in terms of improving individual areas of their wellbeing as appropriate and proportionate to their circumstances, noting how this improvement will be recognised, detailing what needs to be done by whom and in what timescales.

The Action Plan should be proportionate to the child's needs. The child may have aims and associated actions formulated under one or more of the SHANARI headings, depending on their needs and circumstances.

It is not anticipated that every section requires to be completed. **Write non-applicable on all sections that are not required.**

Goals are identified and agreed in relation to improving individual areas of the child's wellbeing: safety, healthy, achieving, nurtured, active, respected & responsible, and included as required and recorded in the appropriate section. Choosing which section to record details in respect of an intervention is a subjective process. The different aspects of well-being may impact on each other, (the child who is not safe, is unlikely to be achieving). Interventions at one side of the "My World" are likely to have an impact on the others and in turn influence different aspects of wellbeing.

Desired outcomes and actions should not be repeated under different goals. The discussions with the family and other professionals involved when agreeing the aim of the Plan and the outcomes required should clarify the purpose of the interventions, which will help these decisions and support change.

Desired outcomes or interventions should build on the strengths, reducing the pressures or risks, which were identified in the assessment. These outcomes might relate to the child's developmental needs, their parent(s), carer(s) needs or capacity to parent and or the wider world in combination

- **Other Actions**, List anything that is not covered by SHANARI e.g. the details that support the recommendations for the Children's Hearing. N.B. The decision to take a child or young person's case the Children's reporter should be taken at a Liaison meeting by members of the group.

Part 3 - Planning and Reviewing

- **Planning and Review Arrangements**; the child's assessment and plan requires to be reviewed to assess progress. Update the assessment and summarise the child's needs. Identify whether actions have been fully, partially or not met; what has helped or hindered the progress. In the reviewing arrangements consider how monitoring is to be carried out and record agreement e.g. telephone, meeting, core group of those involved.
- **Contingency Plans**; Note what actions will be taken if resources are unavailable or if the child or young person's situation fails to improve or deteriorates.
- **Child & Family's Views**; the involvement of children and families in assessing, planning and action is central to good practice and effective outcomes. The Highland Pathfinder Guidance, section on "Child and family centred help" provides advice and guidance for practitioners. Children and parent(s) should be actively involved throughout the assessment, planning and reviewing process. The Child's Plan has three sections in which the lead professional records the child and parent / carer opinions, thoughts and feelings. Their views of the agreed actions planned, and of how the plan is working, should be recorded in the appropriate sections.

Managing the Plan

Only the Lead Professional is to make any amendments to the Plan and control the current/working version. Partners to the Plan will inform the Lead Professional of any amendments that are necessary. The Lead Professional will ensure that all partners to the Plan have a current copy either paper or electronic. NHS staff sending the Plan by email to Partners of the Plan must ensure practice is in line with the NHS Highland Email & Internet Policy (Feb 2005) e.g. emailing between Health and Local Authority must be between a nhs.net and Highland.gsx or gsi.gov address . A copy of the Child's Plan should be filed in the child's record.

The electronic Child's Plan should be stored on the Lead Professional's IT system, in a secure place, until an appropriate system is available within the NHS to support ease of sharing information with other agencies.

Lead Professionals should discuss with the Integrated Service Officer when a targeted service from social work is required or a referral to the Children's Reporter is being considered.

In principle the Lead Professional can be drawn from any discipline within Health. When a change of Lead Professional is appropriate from either within or out with Health, this should be agreed with the Partners to the Plan at a Liaison Meeting and recorded in the Child's Plan.

Dispute Resolution

Where there are issues with capacity or non compliance to the Plan by a Health professional or by another agency practitioner, the Lead Professional **must** report this to their Line Manager who will make informal contact with the other agency practitioners Line Manager to resolve issue.

Team Leaders, Child Protection Advisors, and Integrated Service Officers (ISO) can advise and support practitioners undertaking the Lead Professional role to complete the Child's Plan.

Practitioners should inform their Team Leader/Manager that they are a Lead Professional and that a Plan is in place. Team Leaders/Managers are advised to record how many members of their staff are undertaking this role. Capacity issues can be addressed with senior line managers and the ISO

Other uses for the Child's Plan

The Child's Plan can be used either to inform;

1. The ISO, for the need for resources as identified in the assessment to meet a child's needs by completing all sections in Part 1 and signing and dating the document.
2. An assessment report to the investigating officer in social work about the child or in need of protection; in these cases, all sections in Part 1 to be completed and the document signed and dated.
3. While a referral to the Reporter, can be made directly by anyone, the GIRFEC approaches means that the decision to refer a child to the Children's Reporter should be made through multi-agency planning and be a joint decision. For children whose Child's Plans are managed by a Lead Professional from universal services as part of early intervention, this decision should be made at a Liaison Meeting, thus reflecting the child's pathway requiring the need for more targeted or specialist approach and compulsory measures are needing to be considered. Following discussion with the Integrated Service Officer (ISO) the ISO will co-ordinate the Liaison Meeting. For children who's Child's Plans are being reviewed within formal reviewing processes (Looked After and Children in Need of Protection) the decision to refer to the Reporter should be made at a Child's Plan meeting. The Child's Plan will be accepted as the Local Authority report for a Children's Hearing, provided that it meets te requirements of the Plans for Hearings Protocol 2008
4. If it is agreed at the Liaison Meeting, that the child should be referred to the Children's Reporter, an appropriate Lead Professional will be identified to take the case forward to the Reporter in partnership with the Partners to the Plan. For most children the Lead Professional will be from Social Work Services.

After the formal hand over of the role of the Lead Professional the previous Lead Professional will

- a) share the Child's Plan including chronology electronically to the new Lead Professional
- b) remain involved in the case as a Partner to the Plan
- c) as with other Partners to the Plan provide any further information that may be required