

CHILD'S PLAN

Sections A and B form a Record of a Request for Assistance from other professionals.

The full document can be used by professionals working in Universal Services (US) or in US with support from others to form a Universal Child's Plan. If it becomes a Child's Plan eg when coordinated support is required to deliver a Targeted Intervention/s, it should be clearly indicated in the boxes provided.

..... **Insert child's name** **PLAN**

Child, for the purpose of this plan, refers to anyone 0-18 years (including pre-birth and those over 18 and still in school)

RECORD OF INVOLVEMENT	Date	Completed by
Universal Child's Plan	Date the plan is started	Who has completed this form?
Universal Child's Plan Review		
Record of a Request for Assistance		
Child's Plan		
Child's Plan (Other – please specify)		
Child's Plan Review		
Child's Plan (Compulsory Measures)		

Section A	Who's Who?
Section B	Why do we need a Plan?
Section C	What does everyone think?
Section D	Action Plan
Section E	Chronology
Section F	Anticipatory Care Plan

Before initiating the Child's Plan the Named Person should have, in partnership with the child, their family and relevant professionals, completed an assessment of wellbeing, which consists of:

- Asking the 5 GIRFEC Questions
- Using the National Practice Model to inform thinking about the areas of strength, any wellbeing needs, and actions required.
- Referring to Child Planning Pathway and Staged Intervention (Education) to ensure all earlier forms of intervention have been explored to support this child and their family.

The Named Person must ensure they have discussed the wellbeing concerns/information with the child and their family with proposed ways of moving forward, if appropriate. This includes discussing what and how the information will be shared and with whom. A record of this discussion and agreement or disagreement should be recorded in agency files. The Named Person **MUST then** also have discussed the wellbeing concerns with the relevant partners via telephone or e-mail or at the Locality Multi-agency meeting and agreed a way forward before sending a Request for Assistance or forming an action plan to address the Wellbeing Concerns.

If you do not hold the information being requested, or if the information does not apply to the child, the box should be left blank. **Only information that is relevant, necessary, legitimate, appropriate and proportionate should be recorded.** If you are in doubt as to whether specific information should be shared by recording it on the Child's Plan refer to [Information Sharing Guidance](#) or seek support from Legal Services.

.....Insert name..... Name

.....Insert DoB..... DoB

.....Insert name of Plan..... Plan

THIS INFORMATION WILL ONLY NEED TO BE COMPLETED ONCE PER DOCUMENT

Who's Who? (Section A)

Child Details			
Name :	Full name		Known as :
DoB/EDD :	Date of birth/expected date of delivery		The name the child is known as, if different
Home address :			Any names the child has been known by in the past
		Gender :	M <input type="checkbox"/> F <input type="checkbox"/> Mark with an X
The address where the child is currently living		Telephone No :	Child's
		Mobile No :	Child's
Non-disclosure of address	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Reason : For example, as a result of a hearing decision. This should be checked every time a Child's Plan is produced and distributed to ensure it is accurate.
Current address (if different) :			
Social Work Number :	Carefirst Number	Education Number :	Scottish Candidate Number
Health Number (CHI) :	Community Health Index number	Housing No :	I World Number
NI No :	National Insurance number	DWP No :	Department of Work and Pensions
Ethnicity :		Religion :	
Nursery / School / FE attend :	Name and address/contact details		
Any conditions/disabilities?			
If possible say if they have been medically diagnosed or if suspected			

People important in the Child's life			
Name	DoB	Relationship	Address including telephone number
Name of parents and members of the household where the child is living plus others with a relationship with the child such as extended family or friends who regularly spend time with the child/ young person	Dates of birth if known	Nature of their relationship with the child/ young person	Address/contact details if known

Rows can be added/deleted as necessary

GP	
Name of GP :	
Contact details :	

Named Person	
Name of Named Person :	
Contact details :	
Role :	Health Visitor, Principal Teacher of Guidance etc

Lead Professional (if appropriate)	
Name of Lead Professional :	Only insert if it has been agreed as part of multiagency or statutory work. The Named Person should discuss this with partners prior to the meeting to agree who is best placed to be Lead Professional. The family must be consulted at the meeting and agree before it is finalised.
Contact details :	
Role :	Health Visitor, Principal Teacher of Guidance, Head Teacher, Depute Head Teacher, Social Worker, Key Worker etc

Accessibility / Communication requirements
Detail any support required to work with child/family - eg interpreter, aids, sign language, wheelchair user, first language :
Provide any information required for other agencies to work with the child/ family eg wheelchair access required for meeting rooms, mother's first language is other than English but father speaks English.

Current Legal Position Complete only if known			
Are there any legal orders in place – eg compulsory supervision?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Previously <input type="checkbox"/>
Details :			
Dates (if available) :			
Are there any conditions attached to the order?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Details :			
Is the Child on the Child Protection Register?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Previously <input type="checkbox"/>
Reason? Insert brief information of any current or previous registration			
Dates (if available) :			

Category of Concern : To be inserted if known			
Is an Individual Education Plan in place?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is a Co-ordinated Support Plan in place?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is a Behaviour Support Plan in place?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Does the child have caring responsibilities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Don't know <input type="checkbox"/>
For example do they provide care/support to a parent or sibling. If yes, any wellbeing needs relating to this must be identified and met within this plan.			

Why do we need a Plan and who might help? (Section B)

Why is a Child's Plan needed? All children should be safe, healthy, achieving, nurtured, active, respected, responsible and included. With this in mind, why do you believe this Child's Plan is needed?

Indicate strengths and concerns against relevant wellbeing indicators. Only complete relevant boxes eg not all must have an entry.

Each entry should:

- Indicate how the child/young person feels in relation to each of the wellbeing indicators being populated.
- Be balanced and give equal weighting to strengths and concerns as the strengths can be used to help overcome the concerns.
- Include strategies that have already been used and the extent to which they have been successful and why
- Refer to any special aids, equipment or resource in place or would be required to meet Wellbeing Needs
- Note any data collected that is relevant to the wellbeing indicator eg attendance record, non-attendance at medical appointments
- Consider the 5 GIRFEC questions, the National Practice Model, the Child Planning Pathway and the Staged Intervention Process (Education)
- Use the Chronology to support the analysis of Wellbeing Concerns

Safe :

Protected from abuse, neglect or harm at home, at school and in the community. Home environment; child protection; physical, social and emotional safety; parental support; good parenting; identifiable risk factors eg alcohol/drugs, risk taking behaviours.

IF YOU FEEL THAT THE CHILD/ YOUNG PERSON MAY BECOME AT RISK OF SIGNIFICANT HARM, YOU SHOULD DISCUSS YOUR CONCERNS WITH THE TRIAGE TEAM (01343 563900). IF YOU BELIEVE THAT YOU HAVE A CHILD WHO IS IMMEDIATELY AT RISK OF SIGNIFICANT HARM, YOU MUST FOLLOW CHILD PROTECTION PROCESSES.

Healthy :

High standards of physical and mental health. Support to make healthy, safe choices. Access to suitable health care. Medical conditions, hospital admissions, immunisations, vision, hearing, growth, allergies, dental health, sleep, mental wellbeing, enuresis, day/night time.

Achieving :

Support and guidance in learning - boosting skills, confidence & self-esteem. Reaching Developmental milestones, good communication skills, enjoyment of nursery/school etc.

Nurtured :

Having a nurturing and stimulating place to live and grow. Physical appearance, attachment, having emotional warmth, encouragement and support, healthcare and education supportive appointments/meetings are accessed appropriately.

Active :

Opportunities to take part in a wide range of activities which contribute to healthy growth and development. Accessing and enjoying play/sports, receives stimulation and encouragement to learn and play. Enjoying activities appropriate to age, ability to access them, support/finance to enable.

Respected:

Given a voice, and involved in the decisions that affect their wellbeing. Self-esteem, confidence, quality of friendships and relationships, listened to and treated fairly.

Responsible :

Taking an active role within their nurseries/schools and communities. Level of maturity, involvement in a community, responsibility of self, significant life events.

Included :

Getting help and guidance to overcome inequalities; full members of the communities in which they live and learn. Nursery/School attendance, involvement in activities at nursery/school, quality of friendships, feeling accepted and valued at nursery, home and in the community.

What does the Child think about this? :

What does the child/young person think of the above information? All efforts should be made to ensure the child's views are gained even when there are communication difficulties.

What do their parents / carers think about this? :

What do the parents/carers think of the above information? All efforts should be made to ensure the parent's views are gained even when there are communication difficulties.

Previous work undertaken to meet identified wellbeing needs :

Who	When	What was done	What was achieved
Name, role, e-mail or other contact details	Dates: from..... till.....	Details of work carried out	Briefly detail impact/outcomes this had on child/young person

Who is now being requested to assist?

Agency	Contact details	Date Sections A and B sent on
Name, role, e-mail or other contact details	What is the agency being requested to do. This should not be a repeat of the wellbeing concerns.	Insert date. You must have discussed the request for assistance with the partner agency/ies before submitting Section A & B.

Rows can be added/deleted as necessary

Why do we need a Plan and who might help? (Section B cont)

If the child/parent/carer is unable to sign the Child's Plan at any stage, it is satisfactory for the Named Person/Lead Professional or an identified other professional to discuss the plan with them either by telephone or e-mail and record their views eg note whether they agreed/ disagreed and what the issues were. The professional should record this here. **Please ensure it is signed by the child/parent at the earliest opportunity.**

I agree/disagree with the above Plan.**Child :****Date :**

Comment :

I agree/disagree with the above Plan.**Parent / Carer :****Date :**

Comment :

The information has been discussed with them by :

Name of professional and their role eg Health Visitor, Key Worker

on : insert date

and their views are recorded above

Assessment period:

Parts A & B should be sent where possible to the identified agencies for their information. The Named Person should be notified with 5 working days of the timescale for the assessment.

All assessments should include reference to the wellbeing indicators, The National Practice Model and identified risks. All assessments **MUST** include a brief summary and recommendations for inclusion in section C, and where appropriate, a single agency chronology. This will ensure that the accurate views of different professionals are reflected within the Child's Plan.

The agency is responsible for discussing their assessment/intervention with the family and sending a copy of their assessment to the Named Person. The Named Person will then review all information, along with the child/family and other professionals. If it is agreed that a Targeted Intervention is not required, Universal Services (with or without support) continues. If a Targeted Intervention is required, the Named Person initiates a Statutory Child's Plan. See next section.

The views of the child/young person and their families must be gathered and summarised in the plan. Tools such as the Wellbeing Web, What I Think, Viewpoint can be used to support this process.

You must consider the use of advocacy services.

What does everyone think? (Section C - complete before meeting/discussion)

Assessments/interventions completed :				
What type of assessment	By whom	When	Do family know the outcome	
The Named Person notes them here. These assessments/interventions could take the form of an initial discussion with the child/family through to a detailed specialist assessment.	Name and role	Date assessment carried out	YES	NO

Rows can be added/deleted as necessary

<p>What does everyone think?</p> <p>A summary of assessments, interventions, involvements</p> <p>The views of the child and family, including any disagreement, should be included here. All efforts must be made to ensure their views are presented, exploring all options to overcome any communication difficulties. Where it is a co-ordinated support plan the views of the child and family must be sought.</p> <p>All assessments/reports MUST include a brief summary of the professional's assessment etc which will be cut and pasted into this box (Named Person). Where appropriate, a full copy of the report/s should be made available to all those included in the plan. If a Professional requires additional information they should contact the writer of the assessment.</p> <p>The Named Person then circulates the Child's Plan to date to all parties (A, B, C and blank D)</p>
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Is a Child Planning meeting required? YES ☐ NO ☐

Even when there is a need for a Targeted Intervention/s, this can be agreed via telephone discussions/e-mail. A meeting is not always essential. If a meeting is required, separate letters are not required to all invitees with the exception of the child and family.

If yes:			
Date	Time	Venue	Invitee (other than those requested to assist)

If no: Named Person completes the action plan based on discussion with all parties.

What does everyone think? (Section C Meeting/Discussion)**Analysis –**

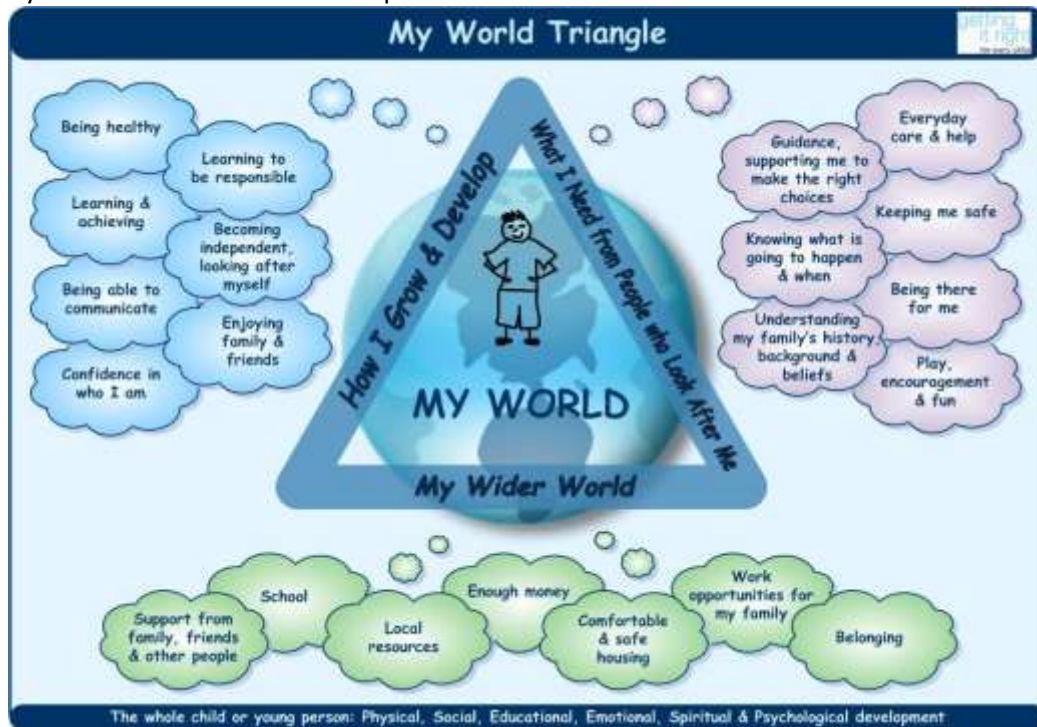
At the Child's Planning Meeting or through discussions with all parties, all the information which has been presented should be considered by all parties.

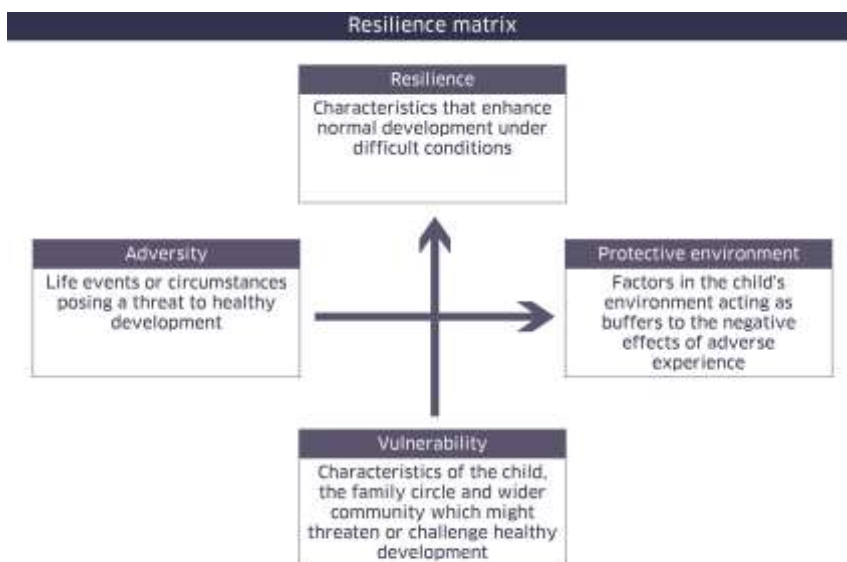
For situations where Universal Services or Universal Services with Support are sufficient to meet the identified Wellbeing Needs, wherever possible a Solution Oriented approach to the meeting or discussions should be considered. This can be recorded here (in terms of issues/what's working/ideas/outcomes and goals), with the outcomes and actions recorded in the Action Plan.

For more complex cases where a coordinated approach is required to deliver Targeted Intervention/s a more structured meeting with agreed agenda may be required with a more detailed minute. The meeting should still be Solution Oriented. Outcomes and actions must be recorded in the Action Plan though and not duplicated in the minute.

In either situation, those involved should use the My World Triangle and Resilience Matrix to help them consider the information and what it means to the child. This does not mean that information has to be recorded under each heading of the My World Triangle/ Resilience Matrix, but all involved should be aware of the need to look at the child and their world holistically and consider how each piece of information impacts on another eg a child whose parent has a mental health issue but who has a very supportive grandparent who lives two doors away will need very different support to one whose parent has no support from extended family.

By the end of the discussion all parties should be clear what the issues





Adapted from Daniel, B., Wassell, S., and Gilligan, R. (1999) *Child Development for Child Care and Protection Workers*, Jessica Kingsley Publishers Ltd., London and Philadelphia and Daniel, B. and Wassell, S. (2002) *Assessing and Promoting Resilience in Vulnerable Children*, Jessica Kingsley Publishers Ltd., London and Philadelphia.

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Does anyone disagree? (including child and family)

List anyone who disagrees with the recorded analysis, specify what in particular they disagree with and why, if known. If there are no disagreements record "None".

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ACTION PLAN

What is needed to support this child and their family (Section D)

Wellbeing Indicator	Outcome identified with the child/ family	How will we know it has been achieved? (measuring progress)	What needs to happen? (actions)	By when?	By whom?	Action completed Yes/No/Partial
Insert wellbeing indicator eg safe, healthy. This is the long term outcome everyone is aiming to achieve. Safe	What are the desired outcomes based on your analysis of wellbeing? Outcomes are not actions or resources but are things which matter to an individual. There could be several short term outcomes which together will achieve the longer term wellbeing outcome.	Insert how you know will know the target has been achieved. What is the measure of success? What will indicate progress has been made? These measures are best agreed with the child/young person and their family.	What actions are required in order to achieve the agreed outcome? Some outcomes will need only one action; others will be more complex and require a series of actions. Actions should be achievable	State when the action should be completed. Timescales should be realistic and not too long eg If you think something will take a year to complete you should break it down into smaller actions so that progress can be seen. Dates (not ongoing) should be specified if at all possible.	Who will undertake this action? Names and roles/services need to be detailed to allow all involved to be clear about who is responsible for doing what with the aim of completing the action and achieving the outcome everyone has agreed.	Insert Yes/No/Partially when the plan is reviewed. Once completed the action will be removed from the plan. If not completed or only partially completed consideration should be given as to whether the action is the right one or should it be amended.
	Date outcome achieved?					
Healthy						

	Date outcome achieved?					
Achieving						
	Date outcome achieved?					
Nurtured						
	Date outcome achieved?					
Active						
	Date outcome achieved?					
Respected						
	Date outcome achieved?					
Responsible						
	Date outcome achieved?					
Included						
	Date outcome achieved?					

Rows can be deleted as necessary

If the child/parent/carer is unable to sign the Child's Plan at any stage, it is satisfactory for the Named Person/Lead Professional or an identified other professional to discuss the plan with them either by telephone or e-mail and record their views eg note whether they agreed/ disagreed and what the issues were. The professional should record this here. Please ensure it is signed by the child/parent at the earliest opportunity.

I agree/disagree with the above Plan.

Child :		Date :	
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Comment :

I agree/disagree with the above Plan.

Parent / Carer :

Date :

Comment :

The information has been discussed with the child/parent/carer by :

on :

and their views are recorded above.

It may be appropriate to appoint a **Lead Professional**. The Named Person should discuss this with partners prior to the meeting to agree who is best placed to be Lead Professional. The family must be consulted at the meeting and agree before it is finalised. At future reviews it should be checked that LP is still appropriate.

REVIEWING THE CHILD'S PLAN

Prior to review, professionals send summary assessment/intervention/involvement to LP. For the initial Child Plan Meeting, reports must be with Named Person a minimum of 1 week prior to the meeting date. For future reviews the reports must be with the Lead Professional a minimum of 2 weeks, or an agreed date, prior to the review. It is the responsibility of the professionals to ensure they submit their reports including summary assessment, in the agreed timescales. The Lead Professional will update Section A if required, cut and paste summary assessments into Section C and send to all parties, including current Sections B and D.

A review should use solution oriented approaches. It should consider everyone's point of view. It examines to what extent the actions have been successful in helping to achieve the long term outcomes. Ideally all partners will be present at the time of a review but where this is not possible, opinions and thoughts should be gathered and used to inform the process.

If outcomes have been achieved and maintained over an agreed period of time (with sufficient recorded evidence to support success) then a Child's Plan may no longer be required and all parties should discuss and agree if it should be closed. For others, the outcomes and actions may need to be amended to meet the child's wellbeing needs. If outcomes or actions are no longer applicable or simply not working they should be adjusted accordingly.

Date and time of next review :

Insert date and time. This should happen within 12 weeks of opening the Child's Plan unless legislation dictates otherwise eg a Looked After Child when it should be 6 weeks, thereafter as often as deemed necessary but at least once a year or at the point of transition whichever comes first. Where face to face meetings are not required/possible, e-mail and phone contact is acceptable.

Who to invite?

Insert name/ contact details of attendees – Letters do not need to be sent to professionals. This paper work is sufficient. It is the professional's responsibility to ensure they log the details of the review in their diary and when reports are due.

An early review might be called because?

Insert reason for early review. A change in needs should trigger an early review e.g. change in wellbeing, a significant event in the child's life, receipt of further assessment information, lack of progress towards agreed outcomes.

Date Child's Plan closed :

There must be agreement from child, family and partners that it is appropriate to close the plan.

Reason :

Chronology (Section E)

FAMILY / INDIVIDUAL Source – H = health, E = education, P = police, SW – social work, F- family, O – other (please detail)			
Date of Event	Detail of Significant Event	Outcome	Source
The date the event occurred should be recorded here	<p>A brief description of the event should be recorded here. Children, young people and families will see this information. Language should be in plain English, non-judgemental, clear and concise so that the chronology improves understanding and supports good decision-making.</p> <p>A significant event is</p> <ul style="list-style-type: none"> • Any event, and/or concern, which has a significantly positive or negative impact on the child or young person. • It is NOT a record of an agencies involvement with a child/young person. • An historical event may not be significant at the time • Professional Judgement • It does not have to happen to the child but may be a change in circumstances which has a positive or negative effect on their wellbeing. 	Each significant event and/or intervention will have an impact on the child or young person's wellbeing and from that, will be determined the outcome. Where this is clear and /or known, this should be recorded. Outcomes may also be positive and /or negative.	Information in the chronology should be current, factual and from a reliable source. Record where the information about the significant event has come from

Anticipatory Care Plan (Section F)**FOR HEALTH USE**

**In the event of deterioration, please follow the agreed interventions below
(Clearly state wishes around agreed interventions and state those interventions that are identified as inappropriate.)**

The Child/Young Person must continue to be assessed and receive appropriate treatment for their health needs and likely reversible causes should excluded.

Specify Preferred Place of Care (*support transfer if applicable*):

Signs/Symptoms to expect: (*e.g. chest infections, worsening of seizures, deterioration with feeding*)

Management of episodes of deterioration (*I management of infection, GI deterioration, respiratory deterioration, seizures*)

Wishes around end of life care

Organ and tissue donation:

Spiritual and cultural wishes:

Funeral preferences

Other wishes (*ie what is to happen to favourite memorabilia, toys, possessions?*)

Wishes during life

Please use this space to record wishes that are important and specific to the needs of the child/young person and their family during life.

Who knows about this ACP plan?

Name	Contact Details	Copy or Notified
Insert copy of ACP into front of medical notes		
ACP Co-ordinator:	Base: Tel:	
GP:	Base: Tel:	
Scottish Ambulance Service (<i>Must be sent Copy</i>)	Base: scotamb.NACCSUPER@nhs.net Tel:	
Lead Consultant	Base: Tel:	
Community Paediatrician:	Base: Tel:	
Acute Paediatricians: <i>Notification is appropriate</i>		
	Base: Tel:	

	Base: Tel:	
	Base: Tel:	
	Base: Tel:	
	Base: Tel:	
	Base: Tel:	
Community Children's Nurse:	Base: Tel:	
District Nurse:	Base: Tel:	
Health Visitor:	Base: Tel:	