

**MORAY INTER-AGENCY CHILD PROTECTION
INITIAL REFERRAL DISCUSSION (IRD)
PROCEDURES**

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Introduction

“Every adult in Scotland has a role in ensuring all our children live safely and can reach their full potential. Parents, whether living with their children or not, have the most important role to play and other family members will contribute greatly to a child’s wellbeing.” (‘It’s Everyone’s Job To Make Sure I’m Alright’ – The Report of the Child Protection Audit and Review, Scottish Executive, 2002)

The Moray Council recognises that the protection of children from significant harm or abuse is a shared responsibility and, whatever our role, we need to be able to respond appropriately to concerns about children or young people, and work effectively and efficiently together to keep them safe. It is, therefore, important that all staff, regardless of setting, are fully aware of what they should or should not do if faced with a concern for a child or young person.

These procedures clarify the multi agency process professionals must follow when they are concerned that a child may be at risk. They have been agreed by Moray Chief Officers Group and are therefore the procedures to be used by all professionals working with children and families in Moray.

They should be read in conjunction with agency policy and procedures and NESPC guidance. Moray’s Local Integrated Assessment and Planning (LIAP) procedures link with this process and should be read in respect of multi agency decision making procedures.

In Moray we are committed to implementing the national *Getting It Right For Every Child* (GIRFEC) programme, a Scottish Government programme to ensure better integrated working practices leading to children receiving the right help at the right time.

There is a requirement on all agencies to work and plan together to implement *Getting it Right for Every Child*. This changes the way that services are delivered so that children get the help they need when they need it. The Core Components, Principles and Values of *Getting it Right for Every Child*, to which all agencies must adhere, can be found on the Moray Council GIRFEC website:
www.moray.gov.uk/girfec

The context for all involved in the development and delivery of child protection services is provided in:

‘Protecting Children and Young People: The Charter’, and
‘Protecting Children and Young People: Framework for Standards’

Both documents are essential reference points for all professionals and agencies working with children and families.

The Charter sets out what children and young people need and can expect to help protect them from harm.

The Framework for Standards is a means for translating the commitments made to children in the Charter into practice. It enables agencies to evaluate performance and helps inform multi-disciplinary inspections of child protection services.

Practice changes have been driven in part by the Report of the Child Protection Audit and Review *It's Everyone's Job to Make Sure I'm Alright* (2002). This review described children's lives as a jigsaw, with different agencies and individuals having responsibility for different pieces. Parents and children themselves tend to hold the largest pieces. The review saw the importance of bringing all the pieces together in order to see the complete picture of children's lives and needs.

Within *For Scotland's Children* (2001), there was recognition of the need to put children and families at the centre of public service work and provide better integration of services at the point of delivery. *Getting our Priorities Right* (2002) and *Hidden Harm* (2003) highlighted the needs of children of substance misusing parents.

The then Scottish Executive's 3-year Child Protection Reform Programme (2002) was announced in response to these reports and signalled a conceptual shift from 'child protection' to the broader concept of protecting children.

This Procedures document will provide the multi agency framework for Moray's interagency child protection Initial Referral Discussion (IRD) process.

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What is the Initial Referral Discussion (IRD) Process?

All individuals working with children have a responsibility to protect children and young people from harm or injury. This duty of care extends to their agencies' responsibilities.

"Professionals take timely and effective action to protect children"

Standard 2, Framework for Standards, 2004

It is important to note that the IRD is a *process*, not a one-off discussion. It is the fundamental route to good practice in protecting children and young people, involving only those relevant professionals who have a contribution to make to sharing information to protect a child from harm.

Every child protection IRD starts with one agency, or professional, contacting another with information that a child is believed, or suspected, to be at risk of harm or injury, or has actually been harmed or injured.

In Moray, the LIAP Procedures give clear guidance to professionals about multi agency working to assess and plan to meet the needs of a child. This includes engagement with the child and family, information sharing, assessing the child's needs holistically, issues of consent and confidentiality, and action planning using the Team around the Child model.

Moray's Risk Assessment procedures give guidance to professionals, within an agreed framework aligned with that of the NESCP, to enable a clear assessment of actual or potential risk of harm to be made. Use of these procedures within the LIAP process will provide a framework within which the evidence of potential harm and the factors contributing to its likelihood or severity can be assessed and which will enable multi agency planning to reduce or manage risk.

The IRD is a process in which professionals –

- Share information about a child or young person for whom they are concerned.
- Assess and analyse the significance of the information.
- Determine if a child may be in need of protection or in need of other support.
- Plan what will be done in order to assess or investigate actual or potential harm to the child.

Information Sharing

Agencies and professionals share information about children where it is necessary to protect them

Standard 4, Framework for Standards, 2004

Protecting children is a responsibility, not only of agencies involved with children, but also of families and carers. Involving children and their families, where safe to do so, in the assessment and planning to meet their children's needs can result in agreed action plans which lead to achievable outcomes, and ultimately in children being better protected. Sharing information within this context, therefore, must include the child and family appropriately, where this does not increase the risk of harm to the child.

In order to make decisions each agency must share with the other agencies all of the information it holds which is relevant to assessment, including the assessment of risk, and planning of further investigations. This will include information on the child subject to the referral, key adults who have involvement with the child, and other children who may be at risk.

Where there is uncertainty regarding the relevance of information gathered, this should be shared as part of the IRD process to assist in determining its significance.

Each agency will consider and share information which indicates any potential risk to professional staff (this might include previous aggressive or violent behaviour, infectious disease or current mental health issues).

There is an expectation on the part of the agencies that each will thoroughly research the information systems available to them and thereafter share information with their partners to enable effective decision-making. These systems will include single agency and shared information. These sources of information can be extensive and may vary on a case by case basis.

Where the collation of relevant information requires access to a number of systems this should not delay sharing of information available at the time.

Information Sharing Protocol Aide-Memoire

The general rules

Principles: Information is shared -	Your Responsibility
for a purpose	<ul style="list-style-type: none"> ▪ Be clear about the purpose ▪ Identify what information is required for that purpose
with informed consent	Seek and retain written consent on the basis of a clear agreement with the service user or carer about - <ul style="list-style-type: none"> ○ what information will be shared ○ for what purpose ○ with whom ○ over what timescale
transparently and accountably	<ul style="list-style-type: none"> ▪ Enable the service user to know, challenge and correct the information that you share ▪ Ensure they know of their right to do so and the procedure through which to do so

Exceptions to the general rules

Principles: information is shared without consent -	Your Responsibility
When a vulnerable person is at risk of significant harm	<ul style="list-style-type: none"> ▪ Be clear about the purpose ▪ Decide what information is required for that purpose ▪ Record your decision and the reasons for your decision to share information ▪ Share the information
When to seek consent could compromise safety	
When to seek consent could compromise the quality of evidence of an offence against a vulnerable person	

For further guidance regarding information sharing please refer to Pan Grampian Information Sharing Protocol and the LIAP Procedures.

Deciding if an IRD should be initiated – Basic Enquiries

Prior to an IRD being initiated, professionals, via their single agency routes, need to assess whether their concern is that a child is suspected to be at risk of harm or injury, or has been harmed or injured (child protection), or whether their concern relates to a child in need (child welfare). In Moray Council Community Services Children and Families Child Protection Procedures this is referred to as Stage 1 enquiries.

This involves professional judgement, knowledge of your own agency's child protection procedures, knowledge of your agency's arrangements for passing on any concerns and ensuring you record your actions appropriately.

In order to assess your concerns effectively, it may be necessary for the agency with the concern to contact other agencies in order to gather further information about the child and family. This information will allow the agency to assess whether or not the child may be in need of protection, or if the child is in need of further support from other services.

In seeking, or sharing, information between agencies, it is the duty of each professional and their agency to adhere to the guidance within the Pan Grampian Information Sharing Protocol¹. This extends to good practice in information sharing, issues of consent and confidentiality. Where a child or young person is at risk of harm, professionals can and must take prompt and timely action in passing on concerns, even if this means over-riding a child's/young person's right to withhold consent. In this case, a multi agency 'Disclosing Information without Consent' form must be completed.

In this first information gathering stage, professionals will need to carry out basic enquiries with other agencies in order to assess whether an IRD will be required. These agencies will include:

¹ The Pan Grampian Information Sharing Protocol 2005 can be found on Moray's GIRFEC website: www.moray.gov.uk/girfec.

- Social Work – Local Area Team
- Police – Mon – Fri 0800 – 1800 - Family Protection Unit, outwith these hours - Duty Sergeant
- Health – Health Visitor and/or School Nurse
- Education – Child Protection Co-ordinator for the school or Nursery - if the child is attending

Other agencies involved with the family, could also include:

- Housing
- Drug and Alcohol Teams
- Mental Health Teams
- Criminal Justice Services
- Voluntary agencies

Basic enquiries do not involve home visits or interviews with the child, young person or family members. Indeed, to do so may put the child at further risk of harm. They do, however, involve a search of records and contact with other services and agencies to establish if they have information that could suggest that a child or young person might be at risk.

Basic enquiries also include a check of the North East of Scotland Child Protection Register (NESPC – 01224 814641) to be carried out by the relevant designated officer for the agency making the enquiries. A note must be taken about whether the child is already registered, the reason for previous registration, the name of the case co-ordinator, and whether the new incident has been notified to the Child Protection Register.

The agencies spoken to and information gathered should be recorded by the individual making the enquiry on the Child's Plan Part 1 or, in the case of a police initiated referral, a Police Referral Form Ops 12/1. See Appendix 1 for Child's Plan 1.

Where it becomes clear from the initial information gathering stage that a child may be at risk of, or suspected to be at risk of harm or injury, or has actually been harmed or injured then an IRD must be initiated by the agency gathering that initial information. This is done by informing the local Area Team Senior Social Worker or duty Social Worker, or the duty Police Sergeant who will then begin the IRD process.

There will be occasions when it is quite clear, without the need to gather further information, that a child has been harmed and there is a need to move directly to initiate an IRD process. This is also done by informing the local Area Team Senior Social Worker or duty Social Worker, or the duty Police Sergeant who will then begin the IRD process.

In practice example

A teacher notices that a 6 yr old girl has recently changed from being a happy, cheerful girl to being withdrawn and moody. Such is the change that the teacher feels that the girl may be affected by something out with the school setting.

In this instance, it is the responsibility of the teacher to use his/her professional judgement, knowledge of the child and family, observations of changes in the child's demeanour and decide what action to take in line with Education's child protection procedures. This may include, through the school's designated child protection co-ordinator, a discussion with other relevant parties within the school (i.e. other teachers with a knowledge of the child, a school nurse etc) to ascertain if others know of any issues which could impact on the child's changed demeanour. If it is safe to do so, and the concern does not relate to child protection, discussing the situation with the child and involving a parent or carer should be considered initially to get a picture of life at home. Considering issues of consent, other relevant agencies may also require to be contacted to ascertain if they have concerns about the child. If the teacher feels contacting the parent/carers may lead to further risk of harm, then he/she has a duty to follow the school's child protection procedures and report the situation to the child protection co-ordinator immediately and record his/her actions.

This gathering of information will inform the next steps as required e.g. –

- Recent family bereavement – monitor the situation and consider further support should her mood not improve over a period of time.
- Concerns are raised about the anecdotal evidence that her mother has been seen drinking heavily recently – consider initiating a LIAP process which will allow relevant support to be put in place quickly and effectively.
- The girl says that mum has a new partner and she is very scared of him because he hits her mum – initiate an IRD.

Initial Referral Discussion (IRD)

The IRD is not a single event but an ongoing process which will allow the assessment and planning to develop as agencies continually share, review and evaluate new information. The IRD process will, therefore, determine the action necessary to begin to assess the protection needs of the child or young person. This will include consideration of

- any immediate action required to protect the child.
- whether a formal medical examination or comprehensive medical assessment is required.
- whether a criminal offence may have been committed.
- whether an Joint Investigative Interview is required.

The IRD must be led by social work and although initial information sharing may be carried out by telephone, this can limit the ability to ensure that all agencies are active participants in the process. IRD should, therefore, where possible, involve a formal meeting in which those agencies outlined below are able to participate. Irrespective of the method of the discussion, the outcome must be recorded and shared, by email if possible, with the agencies as soon as possible following the IRD and no later than the same working day. Where it is safe to do so the outcome must also be fed back to the child and family. The discussion must establish who will do this.

In Moray Council Community Services Children and Families Child Protection Procedures this is referred to as Stage 2 enquiries.

The information gathered at this stage will be recorded by social work on or added to the Child's Plan Part One (Appendix 1), and the relevant sections of the Child's Plan part two. (Appendix 2) The information will also inform the ongoing risk assessment, and should be recorded using the appropriate Risk Assessment Form – either Form 2, for low level risk, or 3a for significant risk.

Participation

IRD is the central mechanism within the child protection process and in all cases the following core agencies will be involved in the IRD process:

- Social Work – Senior Social Worker and other appropriate staff
- Police – Mon – Fri 0800 – 1800 - Family Protection Unit, outwith these hours - Duty Sergeant
- Health - An appropriate member of relevant Health services with suitable experience and knowledge of the child eg Health Visitor/School Nurse/Paediatrician.
- Education – Child Protection Co-ordinator and/or the young person's guidance teacher or head teacher (whoever has best knowledge of the child's circumstances) - where the child is of school age or attending nursery.

Other relevant agencies will be involved as required e.g.: Housing, Drug & Alcohol Teams, Criminal Justice Services etc

Planning

The professionals involved will plan how and by which agencies and practitioners the concerns will be assessed or investigated. Once this has been agreed, the following must also be considered depending on the agreed course of action.

- What further information is required, from whom and who will be responsible for gathering this.
- If a Joint Investigative Interview is required, the arrangements for this including who will be involved and where and when this will take place
- In discussion with the Paediatric Service, the need for a medical examination and/or compulsory medical assessment including where, when and by whom
- What support may be required for the child / family and who will provide this
- If there is need to consider potential risks to any other child

- What information should be shared with parents or carers including consideration of the need to secure consent for interviews and medical examinations when parents or carers are not considered a source of potential risk.
- What relevant feedback will be given to the initial referrer at this stage and who will provide this. It must be remembered that the initial referrer/agency might continue to have close contact with the child/family and must not be compromised by lack of information. Equally, the rights of the child or young person and their family must also be considered
- Consider if relevant legal measures are required i.e. whether a Child Protection Order or Exclusion Order is required due to evidence of immediate risk of significant harm to any child, or a Child Assessment Order, where there is reasonable cause to suspect a child is suffering or is likely to suffer significant harm and there is a lack of co operation from parent(s)/carer(s) to enable assessment to be carried out satisfactorily.
- Ensure a preliminary plan is in place to secure the child's safety.

In considering all of these issues, time scales and the sequence of actions must be explicitly decided upon and recorded on the Child's Plan Part 2.

In practice example

Following the 6 yr old girl telling the teacher that she is scared of her mother's new partner, the child protection co-ordinator for the school contacted colleagues in health, social work and police. The co-ordinator made and recorded the decision not to consult the family at this stage, given the risk of potential further harm to the child. The school nurse also contacted the health visitor, as there was a younger sister in nursery. HV had further information regarding mother's new partner from which the police were able to identify him.

The family were not known to the local SW office, however, following information provided by the police and health it was agreed to initiate an IRD in order to share, assess and analyse the information held by the individual agencies.

The Area SW Team also established that mother's partner was known to both the Drug and Alcohol Team and Criminal Justice Service – they were asked to provide further information for the IRD.

Outcomes arising from Initial Referral Discussion Process

A number of outcomes are possible from an IRD process:

- Commencing an inter-agency Risk Assessment and recording on RA Form 3a.
- Sufficient information may be available to decide that no further action is required at that time by any of the agencies. This decision must be recorded on the Child's Plan and fed back to the child/family.
- Voluntary Support - there may be a need for one or more agency, statutory or voluntary, to provide support to a child and/or family on a voluntary basis. The issue is now not one of child protection but one of support in respect of the child's welfare. The Team around the Child will follow LIAP procedures and deliver an agreed multi agency action plan, and through their assessment consider whether or not Compulsory Measures of Supervision may be necessary.
- Single Agency Enquiry - where evidence suggests that investigation of specific issues by a particular agency is appropriate, either because of their particular expertise or responsibility or their relationship with the parents or children, a single agency will conduct further enquiries on their own, but will record and provide outcome information for all agencies, and the child and family, where it is safe to do so.
- Joint Investigation - where the information suggests that this is in the best interests of the child, agencies will investigate jointly and will record outcome information, reporting back to the Team around the Child.
- Child Protection Case Conference - where there are serious professional concerns about the likelihood of harm to a child through abuse or neglect, a decision may be taken to convene an Initial Child Protection Case Conference.
- Other Legal Measures - Child Protection Order or Exclusion Order, required due to evidence of immediate risk of significant harm to any child, or a Child Assessment Order, where there is reasonable cause to suspect a child is suffering or is likely to suffer significant harm and there is a lack of co-operation from parent(s)/carer(s) to enable assessment to be carried out satisfactorily.

In deciding on any of these outcomes, the IRD will identify explicitly who will be responsible for completing tasks, timescales and sequence of events. This must be recorded in Child's Plan Pt 2.

The outcomes are not mutually exclusive and more than one outcome may be desirable. The outcomes should be shared with the referrer, and the child and family when it is appropriate to do so.

IRD outcomes can result in the gathering of additional information through enquiry or investigation. Again the new information will be shared with the other agencies leading back to the 'Planning' stage described earlier.

In practice example

Mother's new partner had recently moved to the area, police information showed that he had a long history of violence towards women, and had drugs offences.

The Drug and Alcohol Team were able to confirm that they were supporting him on a methadone programme, and that there had been previous SW involvement in a different LA area in respect of his children with whom he could only have supervised contact. Criminal Justice confirmed he was currently carrying out community service as a result of his latest conviction.

Health information in respect of the mother highlighted previous concerns in respect of her mental health. It is not known if mother is aware of partner's history. The IRD agreed to a joint SW/HV visit in order to discuss concerns with mother and make an initial assessment in respect of her ability to protect her children.

Further Discussions

A number of decisions made during the IRD process may result in the gathering of further information and in other courses of action.

Further information gathered and actions taken will be recorded and shared with the agencies involved in the IRD process.

Assessment and analysis elicited from all further discussions will be recorded on Child's Plan Part two. Where the information suggests risk to a child, at a level of significance that will necessitate a detailed, joint risk assessment, the available evidence about:

- the sources of risk,
- the nature and severity of potential harm,
- factors in the situation that make harm more or less likely to occur, and
- factors that might increase or reduce severity of risk

should be recorded on the joint CP Risk Assessment form 3a. The Child's Plan should also be updated to incorporate the relevant information and actions to reduce or manage risk.

In practice example

Following their visit, the Health Visitor and Social Worker were very concerned that the mother did not appear to take their concerns seriously.

During the visit they discussed the severity of concerns, sought further information, sought her views, explained to her what would have to happen next, including potential outcomes and how she would be involved.

Despite this the mother stated she was free to have a relationship with whomever she wanted to, and that her new partner would never hurt her or her daughter.

It was agreed that an Initial Child Protection Case Conference would be called.

Signing Off an IRD

The end of the IRD process should be agreed by the agencies involved and recorded on Child's Plan pt 2. The IRD episode is complete once all actions agreed have been progressed, any further information gathered has been shared and decisions have been taken in respect of what happens next.

It can be helpful at this stage to hold a debrief when agencies can consider the management and practice of the IRD as a matter of self-evaluation and continuous improvement.

Each agency's record of an IRD process must be reviewed and signed off within two weeks of completion by a nominated senior manager within each agency

- Social Work – Area Manager or Casework Services Manager
- Police – Sergeant supervising the case
- Health - Specialist Nurse, Child Protection or Lead Paediatrician for Child Protection
- Education – Child Protection Co-ordinator at the relevant school or nursery

These review and sign off procedures may be carried out on a single agency basis, however where inter-agency issues arise the Core Agencies will make joint decisions regarding any action required.

Agency specific issues

Health

Initial point of contact for information regarding:

- Paediatric medical advice, including the discussion to establish the level of medical input, e.g. whether medical examination is required.
 - Child Protecting Enquiries and Investigations
 - Discussion / informal queries
-
- **Office Hours**
Contact to be made with Royal Aberdeen Children's Hospital (RACH) Team on **01224 551706**
 - **Out of Hours**
Contact to be made with out-of hours Duty consultant Paediatrician in RACH via the main NHSG switchboard on **08454 566000**

Initial point of contact for information regarding other health information including Primary Health Care and School Nursing is:

- **The Health Visitor or School Nurse aligned to the child/family**
If unable to speak to a Health Visitor or School Nurse, please contact:
- **The GP aligned to the child/family**
If unable to speak to a GP, please contact
- **Specialist Nurse, Child Protection: 07775 821002**

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Child's Plan

Part One

Details of the Child/Young Person:

Full Name	
Unique Identifier Number (i.e. Carefirst, CHI, Seemis etc)	
Name child likes to be known by	
Gender	M/F
Ethnicity	
Language Spoken	
Date of Birth	
Address	
Telephone Contact Numbers	
Any Communication Needs	

School Details:

School Attended	
Contact Person	
Address	
Telephone/Email Contact	

Details of Parent/Carer:

Name	
Relationship to Child	
Address	
Telephone Contacts	

Name	
Relationship to Child	
Address	
Telephone Contacts	

Details of Initial Lead Professional:

Name	
Designation	
Name of Agency	
Contact Address	
Email	
Telephone Contacts	
Date Child's Plan (1) Completed	

Details of Health issues:

Health Visitor/School Nurse:	
GP:	
Surgery Contact Details:	
Health issues:	
Medication/treatment:	
Is this child affected by disability?: (If 'yes', give details)	

Initial concern:

Main Concerns:
Impact on Child/Young Person:
Views and Wishes of Child/Young Person:
Views and Wishes of Parent(s):
Views and Wishes of Carer(s):
Views of Professionals involved:

Previous Work Undertaken:

What has been tried and why?	By Whom?	Outcome?

For Completion by Initial Lead Professional:

Which other agencies are you requesting to be partners to an integrated child's plan?

Name of Agency	Contact Details	How could they help?

Information Sharing:

Do you have permission to share information from child/young person?	YES	NO
Have you been given permission to share information by the parent/carer?	YES	NO
If permission has <u>not</u> been given, yet you still decide to share information, say why:		
Has the child/young person/parent/carer been given relevant leaflets?	YES	NO
Lead Professional must ensure consent is explicit and recorded appropriately		

Please note next steps to be taken and state reasons for doing so:

Signatures:

Child/Young Person:	
Parent(s):	
Carer(s):	
Initial Lead Professional:	

If you wish to have a multi agency meeting, please state below:

Potential dates for meeting:	
Potential venues for meeting:	
Potential times for meeting:	
Any special requirements:	
Date LISO advised:	

For completion by administrator or LISO:

Name of Administrator organising meeting:	
Date Child's Plan (1) received:	
Date letters issued:	

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Child's Plan

Part Two

Details of the Child/Young Person:

Full Name	
Unique Identifier Number	

Changes to Core Details:

Please note below any changes to core details from Child's Plan (1):

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Details of Lead Professional:

Name	
Designation	
Name of Agency	
Contact Address	
Email	
Telephone Contacts	
Date Child's Plan (2) Started	

Details of Other Adults in Household (as appropriate):

Name	
Relationship to Child	
Date of Birth	

Name	
Relationship to Child	
Date of Birth	

Name	
Relationship to Child	
Date of Birth	

Details of Siblings

Name	Date of Birth	Age	Relationship to Child	Living in Same Household?	Address if Different

Statutory Requirements

Have there been/are there now any statutory requirements in place? Give details below:

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Chronology of Significant Events:

Please outline historical or future significant events which impact on child/young person:

Day/Date/Time	Event	Agency	Record found in...

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Family Dynamics/Background:
Please note any pertinent information relating to the family

ASSESSMENT

Use the 'My World' Triangle to assist in your assessment of the child's/young person's identified support needs:

How I grow and develop:

Including: physical and mental health; learning and ability to achieve; communication skills; resilience and self confidence; ability to be responsible; (in)dependence; sociability; social, emotional, behavioural, cultural development. *Include strengths, difficulties and risks.*

What I need from people who look after me:

Including: everyday care; safety issues; carer's ability to care and any barriers to care; participation in fun/games; guidance and support; ability to plan; knowledge and ability to understand their family. *Include strengths, difficulties and risks.*

My Wider World:

Including: support received from family/friends/community; school; the way the family lives; housing; environment; employment and finances; local supports and resources; sense of belonging and community. *Include strengths, difficulties and risks.*

ANALYSIS:

Summary of Needs:	
Risks:	
Protective Factors:	

GOALS:

Child/Young Person:	I will know things are better when....
Parent/Carer:	I will know things are better when....
Professionals:	I will know things are better when....

Additional Supporting Documents:

Please outline any additional reports or information included in support of this assessment:

Name of report: Submitted by: Agency:

Name of report:Submitted by:Agency:

Name of report:Submitted by: Agency:

Next Steps towards the action plan:

On the basis of this assessment and the above summaries, please note the next steps to be taken towards an action plan and why:

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Views:

Child's/Young Person's Views on the Assessment:	
Parent(s)' Views on the Assessment:	

Carer(s)' Views on the Assessment:	
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ACTION PLAN

What is the issue/concern?	What do we want to achieve? (SMART objectives*)	Who will do this?	What will be done?	When will this be done?	How will we measure progress?

* SMART – Specific; Measurable; Achievable; Relevant; Time bound

Detailed Arrangements

What is the specific action?	Who will do this?	What is the arrangement?	When/How often?

Lead Professional for Child’s Action Plan:

Name: **Agency:** **Designation:**

Issues regarding (Child's) Plan:

Areas of disagreement/issues re plan:	
What has been done to resolve these?	
Any barriers to resolution?	

Alternative Plan:

Please outline any arrangements agreed if the initial plan does not meet child's need:

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Review Arrangements:

When will Child's Plan be reviewed?	
Who will be consulted?	

Agreement:

Signature of Child/Young Person:		
Signature of Parent(s):		
Signature of Carer(s):		
Signature of Professional:		Agency:
Signature of Professional:		Agency:
Signature of Professional:		Agency:
Signature of Professional:		Agency:

Completion of Plan:

Signature of Lead Professional:

Date:

Signature of Senior/Line Manager:

Date:

.....

Lead Professional must ensure that all partners to the Child's Plan receive a copy