



getting  
it right  
for every child

# Fife Child's Plan

Guidance for Practitioners

## Fife Child's Plan Guidance for Practitioners

---

The Children & Young People Act (2014) introduces a single planning framework for children who require additional support that is not generally available through universal services. The introduction of a Child's Plan builds on existing good practice across children's services in Fife, and will complement current single agency planning processes. The overarching aim is to ensure that children, young people and their families experience person centred, shared planning and review processes which ensure services collectively assess, identify and respond to needs and risks through a single co-ordinated planning process.

The Child's Plan process and format will encompass a number of existing planning processes, including; Children's Care Co-ordination Pathway, Looked After Child review, Child Protection case conference and co-ordinated support planning.

In Fife the Child Wellbeing Pathway (CWP) outlines the shared assessment and planning multi-agency process where there are identified well-being concerns. A Child's Plan may be an agreed outcome through use of the CWP. Through use of the Child Wellbeing Pathway the Named Person Service are supported to make proportionate decisions in collaboration with partner services and parents/carers as to whether a child or young person requires a Child's Plan. The two key considerations are;

- Is the child or young person's wellbeing currently adversely affected, or likely to be?
- Can this wellbeing need be met by the current universal services and within the wellbeing pathway child's planning process?

The Children & Young People Act (2014) also introduces the concept of a 'Targeted Intervention'. A Targeted Intervention refers to a service or support that is not universally available to all as it is a more specialist / targeted approach to address a particular wellbeing need e.g. a specific intervention from a health professional or following a social work assessment which identifies a need for ongoing intervention.

Children's Services in Fife have agreed that a Targeted Intervention will encompass all situations where a child requires support to be provided by two or more Children's Services (including Fife's Health and Social Care Partnership, Education Service, Social Work Service, 3rd sector and Police Scotland) and where there is agreed need for targeted support. A Child's Plan should be agreed and prepared for those children who are considered to require a targeted intervention in order to meet their identified well-being needs.

Child's plans will therefore be developed for a range of children and young people dependent on their needs, how it is affecting their wellbeing and the level of the universal service available. The length of time a child needs targeted support co-ordinated through a Child's Plan will vary depending on their well-being needs and the effectiveness of the support in place.

**Children / young people that may require a Child's Plan will include those who:**

- are Looked After Children
- are on the Child Protection register
- with significant additional support needs
- with complex health needs
- are in crisis and requiring considerable support from a number of agencies.

The Children and Young People (Scotland) Act 2014 and Child's Plan (Scotland) Order 2016 have legislated for a minimum data set for the Child's Plan which is reflected in the format we have developed locally. Fife's Health and Social Care Partnership and Fife Education and Children's Services have worked together to develop this multi-agency child's plan.

The National Practice Model which is shown below is the key assessment tool for assessing the need which may lead to a Child's Plan. The guidance uses elements of the practice model to support practitioners as they undertake their assessment.

Fife's Child's Plan has been designed to record the agreed actions to improve a child's outcomes as well as recording the assessment and analysis of their wellbeing needs.

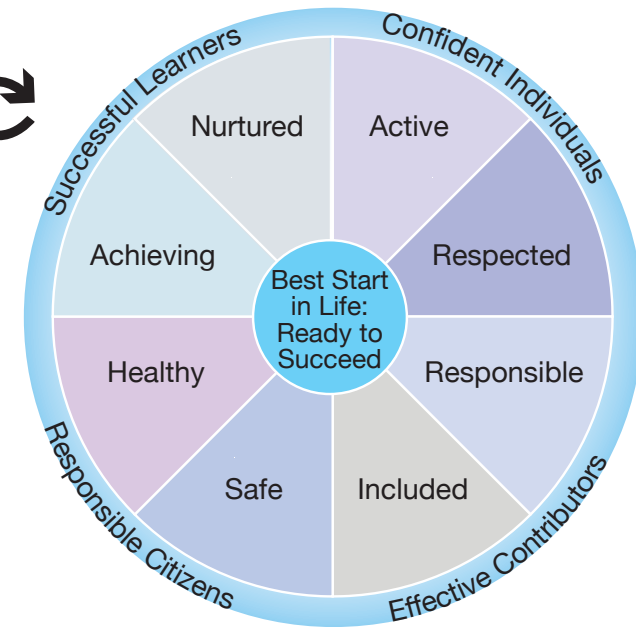
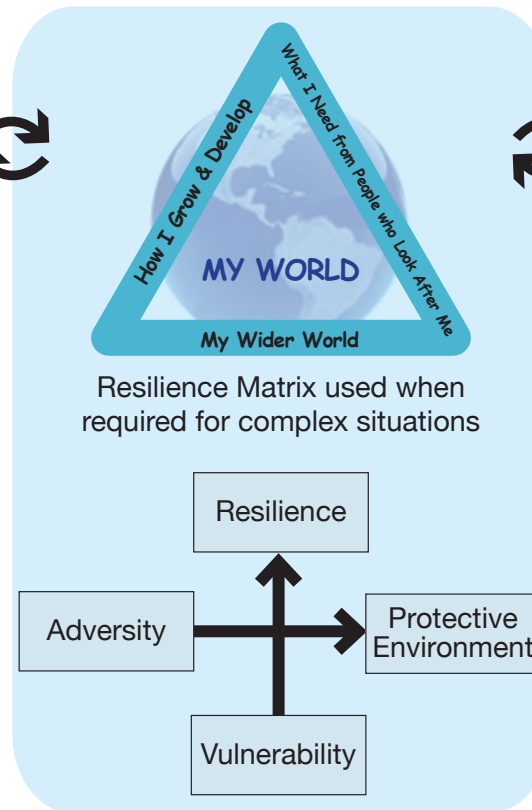
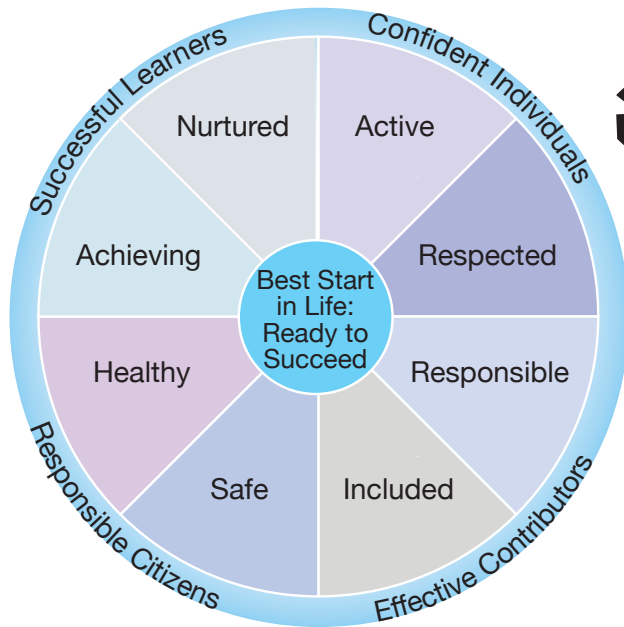
# The National Practice Model

## Observing & Recording

Events / Observations /  
Other Information

## Gathering Information & Analysis

## Planning, Action & Review



Well-being  
Concerns

Assessment  
Appropriate, Proportionate, Timely

Well-being  
Desired Outcomes

## Planning process and completion of a Child's Plan

### All Pages

**Footer:** The footer should be completed with the Child's Surname and initial and their Swift ID for all Child Protection and LAC cases.

### Pages 1 and 2 - Personal Details

**Surname and Forename:** Enter child or young person's names (as in health or school records)

**Address:** Enter current address the child/young person is living at

**Relevant authority:** Enter NHS Fife or Fife Education and Children's Service depending on age of child

**Date of previous Child's Plan:** Enter date previous child's plan was finalised

**Date of current Child's Plan:** Date the current / review is taking place

**Date of closure:** Enter date plan closed

**Date of next review:** Please enter proposed date of next review

**Date of Birth/EDD:** Enter the Date of Birth or Expected Due Date

**Age:** Enter in years and months

**Gender:** Male or Female

**Religion, Ethnicity, 1st Language:** Enter details as on NHS Health Record or School Enrolment Form

**CHI number:** Enter the Community Health Index number (can be sourced from NHS Fife rep e.g. School nurse). The CHI number will be added at the meeting so NHS reps are asked to provide this.

**SW Reference:** Enter SWIFT reference number where applicable

**SCN number:** Enter Scottish Candidate Number once known. The SCN number will be added at the meeting so the Education rep is asked to provide.

**Parent / Carer details:** Please enter the required details for the Parents / Carers who have parental rights for the child / young person

**Adults and children living in the household:** Complete details for those adults and children currently in the household who are not a parent or carer (this may be a partner or relative or other living in the family home). Please note this should not include information if the child is looked after away from home in Foster Care).

**Parents or relevant others:** Complete details for those parents, carers or siblings who are not living within the family home

### Page 3

Enter details of those involved in the development and implementation of the plan. Please indicate those at the meeting and those who have contributed e.g. by report.

There is also space for participants' signatures once the plan has been completed.

### Information Gathering pages:

For each of the boxes on **Page 4** check the box - Yes or No. If you are unsure consult parents / carers / relevant professionals to clarify.

There is space under each item to add brief detail to help inform the planning process.



## Multi Agency Chronology

The Multi Agency Chronology - **Page 5** - must be completed as part of the Child's Plan.

### For each event:

- The date should be recorded
- A brief description of the significant event
- An outline of the action that was taken and the outcome (if known)
- The age of the child at the time of the incident - in years and months.

The guidance 'Single and Multi-Agency Child Chronology' is available on FISH. It will be essential to refer to this when completing a chronology.

## Minute of meeting / SHANARRI Assessment

The Summary of Assessments will be based on the assessment information that each of the single agencies contributes to the shared planning process. This assessment format is designed to reflect the information fields - the wellbeing indicators, commonly referred to by the acronym SHANARRI - that are used in the single agency assessments. The Named Person, Lead Professional or other nominated professional - such as the Reviewing Officer - will lead a discussion to enable all involved - including the young person and their parent(s)/carer(s) - to highlight the identified concerns, risks and protective factors that are influencing the current situation. This shared discussion can then be recorded on **Pages 6 and 7** of the document.

**The SHANARRI indicators are shown below:**



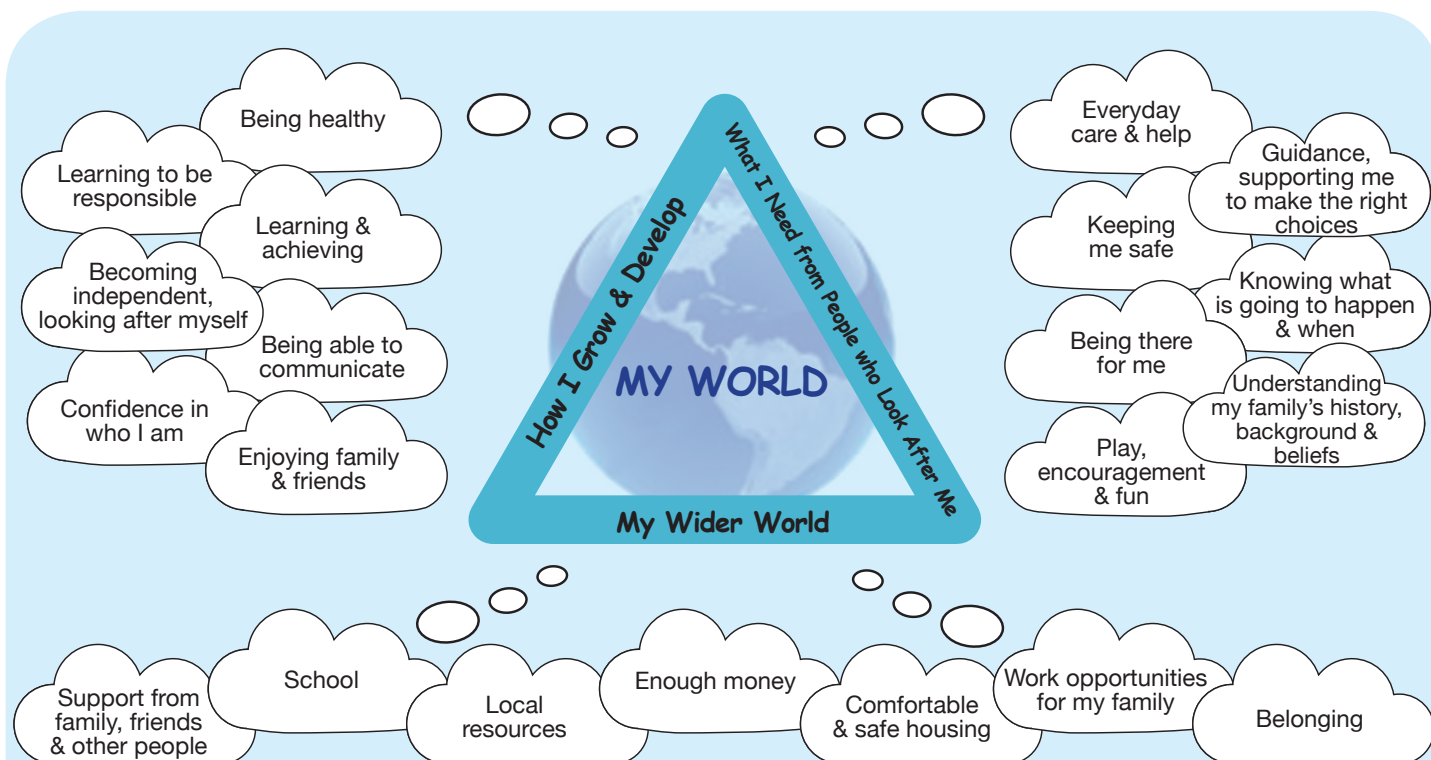
As with current practice the reports and existing plans should be submitted to the Lead Professional, Reviewing Officer (or the Named Person if the Lead Professional is not yet identified) 7 days prior to the Child's Plan meeting. However for Child Protection case conferences the current standard of 48 hours remains in place. These should be submitted in their single agency format using the health and wellbeing indicators. The reports must be shared with the parents/carers and the child/young person unless there is an exceptional circumstance which may increase risk to the child.

At the meeting each practitioner will contribute the information they are aware of and together an assessment of the needs/risks and protective factor/strengths within the family and community around the child or young person - and what will help - will be developed.

This shared assessment and the subsequent action plan should be proportionate to the child/young person's situation. Brief details of needs/risks and protective factors/strengths should be recorded with reference to the evidence supporting this. This evidence will be drawn from the single agency information and those participating in the development of the plan. It may be that there is more information to record for some wellbeing indicators whilst little in reference to others. (It may not be necessary to record information against all wellbeing indicators).

This minute/summary of assessment will be supported by the use of the national practice model which considers the well-being of a child, assesses and analyses information using the My World Assessment Triangle then plans to improve outcomes for the child against the wellbeing indicators.

### My World Triangle



The whole child or young person: Physical, Social, Educational, Emotional, Spiritual & Psychological development

## Analysis / Summary of needs/risks and protective factors/strengths

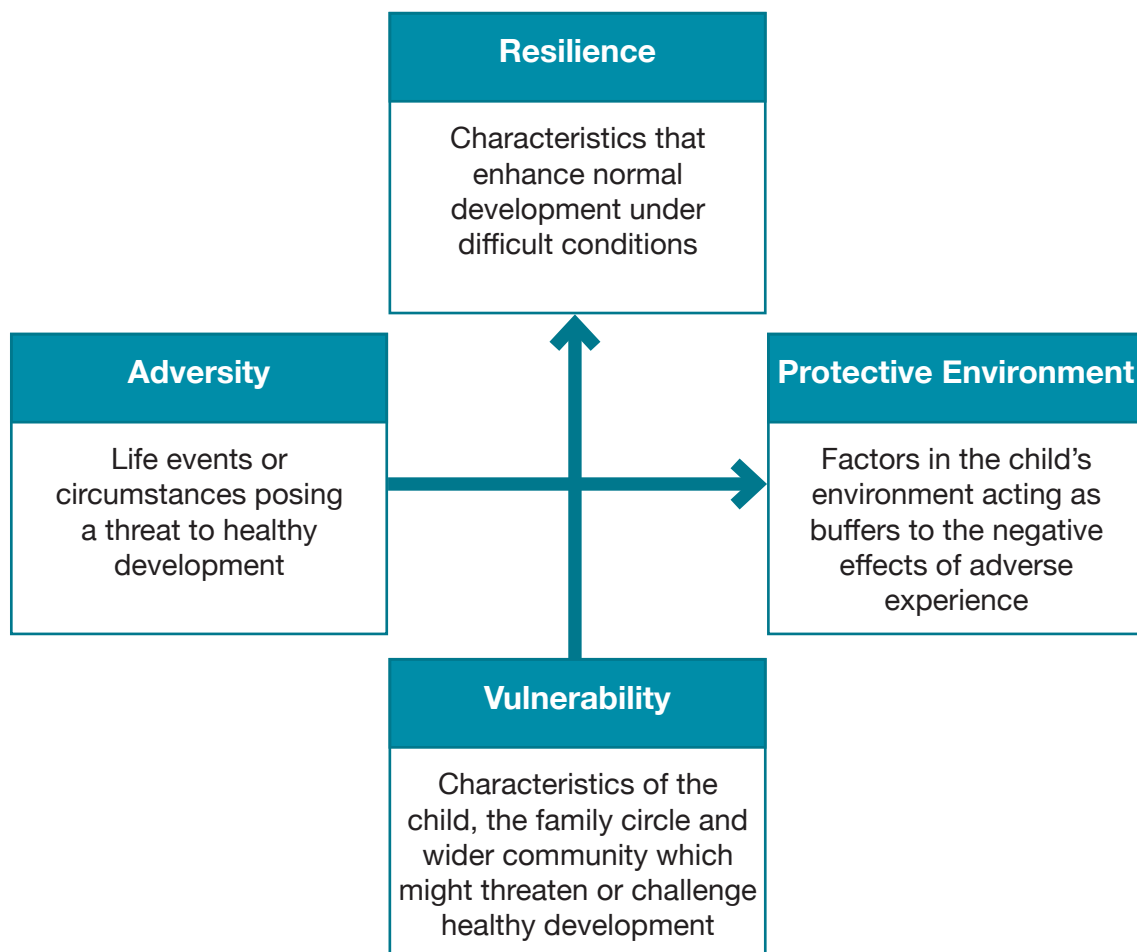
Critical to the development of a purposeful Action Plan is a shared analysis and understanding of the assessment information that has been gathered and shared during the Summary of Shared Assessment discussion.

Practitioners, parent(s)/carer(s) and the child or young person should now consider what the evidence gathered and shared means for the child/young person.

### This analysis should help to:

- Clarify the balance between needs/risks and protective factors/strengths in the child's life
- Evaluate the impact of the child's current situation on their wellbeing
- Clarify immediate and emerging risks to the child/young person and the protective factors which will ameliorate/reduce risks
- Highlight any differences of opinion between professionals or parents/carers in their understanding of the child's needs.

The model focuses on the strengths and difficulties within a child's life. The Resilience Matrix can be used to support analysis.





On **Page 8** there are two boxes for the recording of the **Views of the Parent(s)/Carer(s)** and **Views of the Child/Young person**. These should be completed to reflect their views and whether they are in agreement with shared assessment. Seeking and recording the views of parents/carers and the child/young person is crucial in effective support planning.

There may be occasions when it will be appropriate to gather the views of the parents/carers and/or the child/young person before the meeting. This may involve a pre-meeting or conversation with the named person or lead professional with the parents/carers and/or child/young person to gather and record their views.

In situations where social work is the lead professional, existing practice of seeking the child and parents views and detailing this in their report will continue. However it will be essential to allow, following discussion and analysis of the assessment information, the opportunity for parents and children to respond to the discussion within the meeting.

A summary of the collective analysis - **Page 9** - that has been developed through discussion should be recorded in the Analysis/summary of strengths and concerns box by the chair of the meeting. This will be a brief summary statement highlighting key strengths and particularly the pressures on the wellbeing of the child/young person's current situation. This summary may contain references to accompanying reports. Where there has been diverging views these should be recorded.

For children who are Looked After or subject to Child Protection Measures an analysis of their wellbeing and actions required will be presented to the Child's Plan meeting in the form of the Single Social Work Report. It will be the responsibility of the Reviewing Officer to record the collective analysis within the Child's Plan. For all other Child's Plan the chair of the meeting will be responsible for this action.

Following the Summary of Analysis there is space for a signature of the Chairperson. Where the meeting has included a Reviewing Officer they will sign here. Where the meeting has been led by another Lead Professional or Named Person they will sign here.

## **Child's Plan - Action Plan - Pages 10 and 11**

The Child's Plan focusses on outcomes and is designed to help all staff to agree, detail and plan actions and support in relation to the child or young person's wellbeing.

Following the chair of the meeting summarising the assessment and presenting an analysis discussion will focus on the creation of an action plan.

For all children who are Looked After or subject to Child Protection Measures this will be a task for the Reviewing Officer, in all other cases it will be for the chair of the meeting.

The following questions are designed to help decide what to do next. Asking these questions will help to make the decisions of what action are needing to be taken:

- 1. What is getting in the way of this child's wellbeing?**
- 2. Do I have all the information I need to help this child?**
- 3. What can I do now to help this child?**
- 4. What can my agency do to help this child?**
- 5. What additional help, if any, may be needed from other agencies?**

Answering these questions will support the development of the action plan.

For each wellbeing indicator (that it is appropriate to deliver an outcome) the following information should be recorded: (it will be helpful to refer to the well-being wheel when completing this section).

---

**Needs and Risks:** *Enter a brief description of the Need or Risk e.g.*

---

**Desired Outcome:** *Enter the desired outcome of the work/support that will be undertaken*

Outcomes must be:

- Specific to the wellbeing indicator - focusing on what needs to change
- Specific to the difficulties identified for the child in their current situation
- Specific to the individual child - rather than the wider environmental factors, family etc
- Realistic and achievable - both within the timescales to be described and given the support that will be available.

---

**Action:** *Enter what action(s) will be undertaken*

---

**Person Responsible:** *Enter who/whom will deliver these actions - name and role. This may be a professional or member of the family or child/young person themselves.*

---

**Timescales:** *Enter the timescales for delivery/completion of the action e.g. 4 weeks or by a specific date*

---

It is important to be realistic and set an achievable timescale that is within a time frame that the child and family consider appropriate.

## Page 12

There is again space here to record the views of the parent(s)/carer(s) and the child/young person. This section will record, in brief, their views of the outcomes and actions that have been agreed and their role in undertaking these.

## Completion of a Child's Plan

---

Following the Child's Plan meeting the plan should be shared with the child/young person, parents/carers and those professionals involved. They should be asked to respond with any comments or amendments within 10 days. The Lead Professional should then finalise the plan including marking the plan as Final on the front page and share with all involved.

### Specialist pages

These pages should only be used where the child/young person meets the appropriate criteria or circumstances. The page(s) would be electronically omitted if they are not required.

### Co-ordinated Support Plan (CSP) - Page 13 and 14

This information should only be completed where the child or young person meets the criteria for a CSP. Please refer to NSG 1 or the ASL Code of Practice.

The biographical information, assessment and action plan are already contained within the Child's Plan so do not need replicated. The fields contained here are those that are still statutorily required.

---

**Educational Objectives:** *These would be those objectives, or targets, that are desirable but that are not part of a targeted intervention. Therefore if there is work to be done by a single agency or with the support of another agency but that is part of a universal service it should be recorded here e.g.*

---

**Additional Support Required:** *A description of what support will be in place to deliver the objective*

---

**Additional Support provide by:** *This should be the job title/role of the person providing the support. (Individual staff names should not be used)*

---

**Name of School:** *Name of the school the child attends*

---

**Address:** *Address of school including postcode*

---

**Telephone number:** *School telephone number*

---

**Email address:** *School's email address*

---

**Name of Headteacher:** *Name of the current Headteacher*

---

**Name of CSP Co-ordinator:** *Name of the person responsible for co-ordinating the actions agreed within the CSP. This may be the Named Person or delegated to a member of staff most involved in the co-ordination and delivery of the actions within the plan e.g. Principal Teacher Learning Support.*

---

**Name of Parental Advice and Information Officer:** *This should be the name of the Headteacher*

---

Please add VOIP numbers for each of the three persons named.

Further guidance on the completion of CSPs and the related timescales are contained in Standard Circular NSG 1: Individual Record-Keeping and Planning for Pupils who need Additional Support.



## Child Protection Case Conference - Page 15

This page should be completed for each Child Protection Case Conference.

The page can be deleted if it is not required.

## Signature Page - Page 16

This page should be completed for all Child's Plans developed and on each occasion.

There is an expectation that the named person or lead professional will have the signature page signed by key partners to the plan: Child/Young person, Parent(s) / Carer(s), Named Person and Lead Professional. A signed copy should then be placed within the Child's Health Record, PPR, and/or Social work file as appropriate. All other partners to the plan will be assumed to be in agreement unless they indicate in writing that they do not agree with the plan following receipt of the agreed version from the Child's Plan meeting.

The text for a letter to accompany the plan and to gather signatures is given below.

Dear [Name of recipient]

Date

Following the recent LAC review / Child Protection Case conference, school review (please delete or insert name of meeting as appropriate), please find enclosed the minute and child's plan for you information and consideration.

This should be treated in the strictest confidence and not photocopied or passed to third parties without the explicit consent of the Chairperson, as noted in the minute.

Any concerns or queries should be raised with the Chairperson within the next 10 working days, otherwise the minute will stand as an accurate record of the meeting and as an agreed plan.

Yours sincerely