



Getting it Right for every child

Health and Social Care Partnership

Child's Action Plan GUIDANCE

2015

Introduction

In 2004 the Scottish Government set out its vision for children – ‘that all children should be Safe, Healthy, Active, Nurtured, Achieving, Respected & Responsible and Included (SHANARRI)’. This is set within the national change programme Getting It Right for Every Child and SHANARRI represents the high level outcomes we want all children to achieve.

For over 10 years practitioners in all agencies have become familiar with the SHANARRI indicators and more recently the Scottish Government have introduced the Children and Young People (Scotland) Act 2014 focusing on the role of the ‘Named Person’, and a ‘Single Child’s Plan’.

The Act and Draft Guidance also promote the development of a ‘Single Planning Process’ for all children and therefore we have developed the ‘Lead Professional Review Form’ to replace the LAC 5 Social Work report and Child protection review form into one generic document.

To further support this we have developed an ‘Action Plan’ that will be used to describe Planned Outcomes for any Child that needs a plan. This becomes the ‘Child’s’ Action Plan as it focuses on their needs and not on the process they are involved in, although we still need to know this to add context to the proposed actions.

When this Form should be used

This Form should be used for **all** children where there is some form of intervention and specifically used at an initial Child Protection Conferences and at the Looked After Post admissions meetings to record desired outcomes and proposed actions. It will be used in Child Protection Core Groups to monitor progress and at all Child Protection and Looked After Reviews.

The Child’s Action Plan will also be used when completing initial or review documentation when a report is requested by the Children’s Reporter and will be used to monitor important changes in all Child’s planning forums. All section 22 cases will also need a Child’s Action Plan that will be reviewed regularly.

How is it used?

The form itself will be completed on PDF until it can be developed in Carefirst and will be populated with. Mandatory Fields are marked in red.:-

- **The child’s demographics.** The information recorded here is only basic information as this Child’ Action Plan is mostly used as an appendix to a ‘parent’ document. i.e. CAP, CP1 etc. Brief guidance is provided on selected fields.
 - **Parent/Primary Carer:** - If there is more than one to be recorded write the second entry following the first one separated by a coma.
 - **DOB (Parent/Primary Carer):**- Even though a date entry box has been provided and you can select from a calendar, there is also the facility to write in this box as shown below to record DOB for both parent/carers

Parent/Primary Carer:	Alison Somerville, John Somerville	DOB (Parent/Primary Carer):	24/06/1976, 15/12/1975
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- **Date of the Plan:** - This is the Date of the meeting that is to take place or has taken place to review the Plan. If there is no formal meeting it is initially the date it was formulated and subsequently reviewed.
 - **Status of the Plan:** - The 2 options are **Initial** and **Reviewed/Current**. **Initial** is chosen when you create the first plan and the status will be changed to **Reviewed/Current** when plan is reviewed. It is therefore important that the Date of the Plan is updated.
 - **Plan Author:** - This is the name of the person completing the Plan. It will either be the Lead Professional or Senior Officer.
- **The process the Child is involved in:** - This will include basic information about the stage in the process, what measures are in place, status of the plan, and any details about their current placement.
- **Risk Factors:**-These are the identified Risk Factors, whether historic or current. These will be recorded at the initial meeting or Conference and updated at each review. There is the facility to mark those that have been **removed** as they are not currently relevant, **existing** factors, and those that have been **added** since the last review
- **Planned Outcomes** and associated activity around each outcome. (See below)
- **Progress:** - Against each Planned Outcome progress will need to be recorded and will be reviewed at each meeting. There are 4 options: Achieved, Achieved & Ongoing, Partially Achieved and Not Achieved,

All completed Child's Action Plans will require to be uploaded to AYRshare to ensure that all partners to the Plan know their roles and responsibilities.

Outcomes

We recognise the importance of SHANARRI indicators, the role of the Lead Professional, and the primary importance of "building the team/s around the child" to meet their needs

The integration of SHANARRI into assessment, care planning and review is essential in ensuring the continuing focus on outcomes for individual children throughout these processes, but there has been a lack of useful detailed guidance for practitioners in translating SHANARRI further into more specific outcomes for children.

For the purposes of work with children in need, an Outcome can be defined as:

"a positive change, involving an improvement in the child's well-being, as a result of planned partnership intervention."

'Wellbeing' is viewed as the SHANARRI wellbeing indicators and outcomes can be both short and long term. When we intervene to help to support a child in need, we aim for positive change and improvement

Outcomes should be written in such a way as to state the **result** for the child. I.e. Sarah is...

In summary, outcomes must be:

1. Related to the SHANARRI wellbeing indicators
2. Informed by assessment
3. Specific to the child
4. Framed in such a way as to state the intended or actual result for the child
5. Monitored and measured through implementation and review of the child's plan

Below are some examples of specific outcomes for children in need using 2 year old Sarah and 14 year old Max:

(Please note these are examples only. There is no expectation that staff must identify outcomes for every child under every well-being indicator. However, there is an expectation that every well-being indicator will be considered in the assessment of risk/need.)'

Safe	
1	Sarah is supervised at all times
2	Max is protected from contact with A

Healthy	
1	Max is aware of sexual health information
2	Sarah's injury has fully healed

Active	
1	Max is physically fitter through increased involvement in sport activities
2	Sarah plays outside when weather permits

Nurtured	
1	Sarah enjoys contact with her father
2	Max feels settled in his placement

Achieving	
1	Sarah can use her cutlery
2	Max participates well in full time education

Respected	
1	Max helped to decide contact arrangements
2	Sarah is listened to by her mother

Responsible	
1	Max is provided with guidance from his mother
2	Sarah chooses her drink at mealtimes

Included	
1	Sarah spends time with other young children
2	Max is less isolated from peers

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(Example Action Plan Matrix on next page 4)

¹ Outcomes in Child Protection, North Ayrshire Child Protection Committee (2011)

Example Plan (Fields explained on next Page)

Wellbeing Indicator	Planned Outcomes	Action Required (What needs to be done)	Support Proposed (How will we facilitate the Action)	Timescale	Person/Agency Responsible	Progress (Achieved, Achieved & Ongoing, Partially Achieved, Not Achieved)
Achieving	Sarah has consistent early years support	<ol style="list-style-type: none"> 1. Maintain Sarah in nursery 2. Provide additional support in nursery 	<ol style="list-style-type: none"> 1. Transport to/from nursery 2. One to one support 	<p>Transport to be organised by 4/8/10</p> <p>Support throughout placement</p>	Early years key worker	Achieved
Safe	Sarah lives in a safe home environment	<ol style="list-style-type: none"> 1.Placement with grandparents 2.Continue CPO 	<ol style="list-style-type: none"> 1. Support and advice to grandparents 2. Arrange Children’s hearing 	<p>Support from 2/8 till end of placement</p> <p>Children’s hearing due 11/8</p>	Social worker Grandparents SCRA	Partly Achieved
Safe	Sarah has positive contact with father	<ol style="list-style-type: none"> 1. Assess feasibility of contact with dad 	<ol style="list-style-type: none"> 1. Liaise with addiction services 2. Meet with dad to agree expectations 	Meet with dad by 20/8	Addictions worker father	Not Achieved

Action plan Matrix

Each Planned Outcome will have its own row. The basic form only has one visible and if more are required click on the **Add Row** Button. Continue to add as required up to a maximum of 20 Rows. A help window will be visible if the mouse is hovered over each of the Table headings.

Wellbeing Indicator – This must be populated. Record the **Primary SHANARRI category**. The example in the box below could also relate to the Healthy and Included wellbeing indicators and in reality Planned Outcomes can satisfy a number of indicators. It is up to the worker to decide the Primary category.

Achieving	
1	Max participates in the school football team

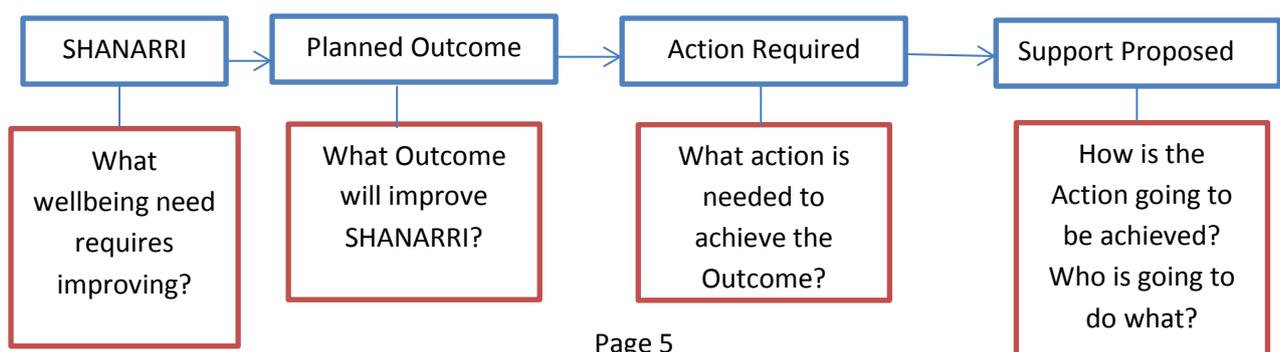
Planned Outcomes – This is a statement of the Planned Outcome in relation to SHANARRI and should be framed in such a way as to state the intended or actual result for the child.

SHANARRI categories can have **more than one Planned Outcome**. If there is more than one outcome for a SHANARRI Category, record each outcome on a separate row with the same indicator. (See example of Safe on previous page).

It is sufficient for a Planned Outcome to be recorded under one SHANARRI indicator and not repeated for a number of other indicators.

Action Required – The narrative here should describe the action required to meet the Outcome. (What needs to be done) Actions need to be meaningful to the individual circumstances of the child. Sometimes, an action **to attend addictions services** can be too vague and not place enough emphasis on the parent’s responsibility to change. An action to **participate fully in a treatment programme** might be more meaningful. Though, this depends entirely on the assessment and potentially for some parents this might be more aspirational than realistic

Support Proposed – Supports lie underneath the actions and can be viewed as the mechanics of how the action will be implemented. Therefore, in general terms, the action can often be viewed as the “what” and the supports as the “how”. Supports are sometimes the resource that will facilitate the action, such as a particular service or programme. Again, there can be more than one support for each action. Supports are essentially anything which helps make the action happen



Timescale – The timescale relates to the Supports Proposed. This is the date the Support is to be completed/reviewed/actioned. A date must be recorded, ongoing is not acceptable. **If there are a number of supports relating to one Action the timescales must be numbered with the same number as the support proposed**

Person/Agency Responsible – This is the person/agency or persons responsible for progressing the support. This field is not restricted to only professionals; if family members and others have a role in carrying out the support they should be recorded.

Progress – There are four options available. These are Achieved, Achieved & Ongoing, Partially Achieved and Not Achieved and **relate to the Planned Outcome which in reality means all the Actions being achieved.**

Achieved – When **all** the actions have been met within their timescales. These Achieved Actions can be removed if they are no longer needed by clicking the  button.

Achieved & Ongoing – Although the planned outcome has been achieved within the timescale there may be a need to continue the outcome over a longer period of time.

Partially Achieved – When **some** of the actions have been achieved but not all.

Not Achieved – When none of the actions have been achieved.

Unmet Outcomes: - When the Child's Action Plan is being reviewed the reviewer should have a description of the circumstances and reasons for Outcomes not being achieved.

Please note for anything out with child protection and LAAC there is a requirement for an observational recording to be completed in relation to how these outcomes have been achieved. This will also fulfil the purpose of the 3 Monthly Summary and the review and 3 monthly summary will now be combined and recorded under one heading on CareFirst of **3 Monthly Review/Summary**

Two buttons have been provided on the form to assist the Author to send the Plan to either the Child Protection Administrator or the Looked After Children Administrator. Clicking on either of these buttons will open your email inbox. Assign level of security and press send.

Appendix 1

Analysis

An essential part of the assessment process is clearly identifying the child needs and any risk factors, evaluating parent's ability and motivation to meet, understand and if required change their behaviours to meet the assessed needs of the child. This is characterised by parents accepting responsibility for their own actions; sustaining changes over time; and taking up offers of support and resources from services. Workers should note evidence of changes and improvements made as a result from previous interventions. They should also assess the ability of parents' ability to translate information into action (Department of Education 2010b)

Workers need to be alert to cases of 'disguised compliance' (Reder, Duncan and Gray, 1983). This is when parents/ carers appear to co-operate with child care agencies but have little or no intention of changing their behaviour permanently. It often features as a theme in serious case reviews. Brandon et al (2008) noted "Apparent or disguised co-operation from parents often prevented or delayed understanding of the severity of harm to the child and cases drifted".

In some cases, parents will be unable to make sufficient and timely change to ensure they meet their children's needs or protect them from harm. In such cases professionals must decide what care and protection measures should be taken to protect the child from significant harm.

Workers should draw together and analyse the information/evidence they have gathered. The level of detail required should be proportionate to the level of complexities identified.

A clear recommendation needs to be made to inform the future plans for the child. In the case of Child Protection this should be ratified by the Team Manager and/or discussed in Supervision for all other cases, e.g. LAAC , Sect 22, etc.