

Name:

ID:

CS Child and Family Progress Plan GUIDANCE COPY



Plan Details

Name	Date of Birth	Age	Contributed to Plan	Child and Young Person's Comments	Received Plan
Britney Spears	21.03.2010	8	YES	Comments from the child and family about the content of the plan	No
Will I AM	18.05.2014	4	No		

Case Status

- Team Around the Child Child in Need Child Protection

Key Worker / Lead Professional's Details

Name:

Beyonce Smith

Team:

Lincoln FAST

Telephone:

078645313467

E-mail:

@yahoo.co.uk

Name:

ID:

Individual Signs of Safety Framework

Danger Statements are possible future harm related to the children. Ideally statements will be themed, with a maximum of 4 statements and goals as to not overwhelm a family.

Child / Young Person's Name

Britney Spears

Danger / Worry Statement(s)	Safety Goal(s)	Scalepoint
WHO is worried? WHAT are they worried about? WHAT are we worried will happen if nothing changes (Future)	What will the day to day life of this child look like for us not to be worried. Should describe mostly behavioural changes. What do we need to see to have confidence that the parents, family network are able to ensure the child is safe from harm can meet the child's needs now and in the future.	<i>(based on the danger/worry statement and achieving the goal)</i> 0 – really worried and nowhere near achieving goal 10 – not a critical worry and goal met

Date Plan commenced

Who owns the Plan:

Member of family or network

Date Plan reviewed

How often is the Plan reviewed

In line with CP, CIN or TAC procedures

Name:

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Members of the Support Network including Professionals

Name	Relationship	Agency Role	Contact details	Role in Plan	How have they contributed to this review?
Danielle Lee	Mum	Family	071241245787	Managing Plan	Through visits and shared plan – attended meeting
Joe Wells	Dad	Family	923999399393	Supporting Plan	Telephone call
Beyonce Smith	Social Worker	SW – Lead Professional	44444444444444	Agency Lead Professional	Attended meeting and visits
David Jones	Support	Early Help Worker	457874545647	Supporting Plan	Attended meeting and visits
Mia Green	Support	Health Visitor	7333333333333	Supporting Plan	Sent report

How has the child/young person contributed to this review if not present?

Always use the exact words of the child, young person or parent if they aren't attending in person – this doesn't have to be the LP who brings this it can be anyone attending the meeting

If any direct work has been completed which shows the child voice please attach/bring to be discussed

What will the family /carers do?

This section is the 'safety plan' this follows the pure SOS model in that safety planning is the first element of all planning and works with families. This section looks at how the family and their network will keep the children safe/happy and well at all times. Safety plans are behavioural not services and are from examples of existing safety you identify and build on. The Safety Plan is the family coming up with their best ideas of how they will keep the child safe, these are not attending services, these are the behaviours.

<p>What will the network do: Steps / Tasks etc.</p>	<p>How will it keep the child / young person safe / happy / thriving:</p>	<p>Who will monitor and review and by when</p>
<p><u>Questions:</u></p> <p><i>Think about asking the family who do you think needs to be in place to show everyone Billy is safe/happy and well?</i></p> <ul style="list-style-type: none"> • This is contingency planning– what will the family do if Dad comes back to the house shouting and screaming and threatening to hurt someone? • Consider rules in here as well that have been agreed • Consider anything that you know is a trigger or a stressful situation – such as what are the 'red flag' warning signs. 	<p><i>How will we know this will keep the child safe, happy, well? What does this look like?</i></p> <ul style="list-style-type: none"> • Will this stop the dad from being able to get in the house and the children witness violence or actually being hurt themselves? 	<p>Grandma has agreed she will review with Mum – weekly to start with reporting back to the SW/LP by email</p> <p>SW will also check with police for any incidents</p> <p>EHW will see the children to see if they still have any worries and heard fighting or shouting and have been scared etc.</p> <p>Children have their own safety plan?</p> <p>Safety object?</p>
<p>If Mum wants to drink but has the children in her care – what will she do about this?</p>	<p>For example the children will have a designated person to stay with whilst mum drinks who the network and SW/LP have agreed so they are kept safe</p>	<p>Family friend Jane – she will ring Mum every Friday (when drunk in the past) and see if she is ok and not drinking – list of babysitters mum has and will contact before having a drink and report back to Jane and SW/LP. We will also maybe ask the children etc.</p>

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Bottom line

The bottom line is the agency telling the family what they **MUST** do, non-negotiable.

An example would be Mum is not to have an alcoholic drink whilst she is looking after the children. Or dad must not have unsupervised contact.
A lower level bottom line may be that Mum will always ring the school if Billy is poorly and can't get to school.

What everyone else is going to do?

This is effectively a service/agency part what will agencies do to support the family, how will this make a difference, importantly asking the question – how will we know this is making a difference? This should be child centred and focus on impact and actual change.

Action	Who will complete the action	By when	How will we know it's making a difference?	Date action completed
Referral to the Solihull parenting programme	Social Worker	25 th June	Mum will learn strategies on the parenting programme to manage and support Ella's behaviour. She will feel more confident and able to demonstrate what she has learnt and how she has put this in place to her social worker. Ella will feel able to talk to mum about how she is feeling and there will be specific rules in place which she is aware of and will sign up to.	√ 09.06.17
Support and advice around potty training	Health Visitor	2 nd July	Mum will be confident to start potty training Jimmy and no what she needs to do and how. Jimmy will hopefully be dry by the time he starts	

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			nursery in September and wearing big boy pants like his friends.	

Progress Update

To be completed at Reviews in lieu of minutes

This can be a general summary of the meeting, comments, views etc.

What's Worked	Worries
In this review period what has worked in relation to the worries and the plan?	What has worried the family/network, professionals etc. during this review period?

Scaling Question - 1

Bespoke scaling questions in relation to the worry or closing the case etc.

In CP this should always be SAFETY for the first scaling question...

On a scale of 0-10 where 10 means the child/ teen is safe enough and we are confident that the family network can consistently protect them and meet their needs and zero means that the child is not safe and the family network are unable to consistently protect the child from harm and meet their needs where would you score things at this time?

Otherwise this can be whatever is linked to the case such as motivation, progress, specific to a certain worry...

Scale Point

Name	Role	Scale Point	Date scaled	Notes
Britney	Daughter	5	23.03.18	Britney thinks mummy and daddy are still shouting lots
Danielle	Mum	8	23.03.18	Mum thinks things have got much better this month and the kids are safe
Beyonce	Social Worker	6	23.03.18	Things have improved, but there are still worries that Britney has heard shouting and fighting and is scared.

Scaling Question - 2

Other scaling questions specific to the worries – current situation

On a scale of 0 – 10 where 10 is you think we're all over-reacting about the situation and 0 is I really need some help... where would you scale yourself?

On a scale of 0 -10 where 10 is I am really happy in this placement/living arrangement and want to stay here and 0 is I hate it, it's making me sad and unhappy where would you scale yourself?

Name:
Scale Point

ID:

Name	Role	Scale Point	Date scaled	Notes

Verbal agreement of the plan *(this is for family and professionals to agree the plan in the meeting)*

Name	Role	Agreed
Danielle	Mum	Yes

Review Details

Review required?

Yes

No

When will this plan be reviewed

Date and time of next review

Name:

ID:

Venue

Further Information

Plan completed by

Short Term Breaks (if required)

Short Term Breaks

This section should be completed as well as the plan where a child / young person is receiving short break care as part of an overall plan.

Name of child / young person receiving support through Short Breaks – 1

Child / Young Person

Legal basis for provision of short break - this section also includes any provision to a child / young person with a disability.

Name:

ID:

- Commissioned Services - Section 17
- Short Term Breaks - Section 17
- Other
- Short Term Breaks - Section 20 (Looked After Child regulations apply)
- Direct payments - Section 17

Reason for legal basis

Refer to summarise documents about the child / young person

Information the carer needs to know to be able to offer short break provision to the child's / young person's needs

Transport / travel arrangements (if appropriate)

Financial arrangements

Total amount of care package

Overnight short break

The following questions need to be completed ONLY if the child / young person is receiving overnight short breaks

Has the relevant consent / agreement for overnight short breaks been completed / signed?

- Yes**
 No
 Ongoing

If no, please provide date this will be completed

Name: **Details of parental involvement during overnight stays** ID: **Delegation of responsibilities**

Transition Plan

This section should be completed as well as the overall plan section where the young person is in transition to adult services.

Name of young person in transition to adult services - 1

Subjects

Is this plan being developed as part of the school / education review?

- Yes No N/A

Has a person centred plan been developed for the young person?

- Yes No N/A

Has the young person been referred to the transitions worker / team?

- Yes No N/A

Is the case being co-worked between children and adult services?

Name:

Yes

ID:

No

N/A

Does the young person have a communication passport?

Yes

No

N/A

Does the young person have a bank account?

Yes

No

N/A
