



Children's Plans - Best Practice Guidance

Introduction

The purpose of a plan is to clearly set out the best way of addressing the child's needs identified following analytical assessment. Plans specify what needs to happen for the individual child or young person to be kept safe and optimise their welfare. A good plan should always have the child's lived experience at the centre and, wherever possible, involve the family and network in developing the agreed steps that lead to lasting safety, success, belonging and permanence. All planning should therefore consider the immediate, medium and long term outcomes for children

Clearly defined desired outcomes are crucial if progress is to be measured accurately. Without measurable, specific outcomes that link directly to identified needs, it is difficult to know what has been achieved, check out hypotheses, adjust plans and prevent drift. Knowing we are making progress can be motivating for families and is an essential part of the ongoing assessment process too.

It is not possible to make a good plan without a good assessment; and without a good plan, our interventions are likely to lack focus and critical needs may be left unmet with potentially negative consequences.

Purpose

The aim of this guidance is to encourage a focus on the skills associated with developing effective plans, rather than the more procedural aspects of planning which can be found at **Hull Children and Families Online Procedures – Tri-X**. This is to support skill development and ensure solution focused thinking is at the heart of all planning practice across Children Young People and Family Services in Hull.

This guidance is split in to three sections:

- Principles underpinning a good plan
- Characteristics of a good plan
- Practice Pointers

As it is important that needs, outcomes and plans are inextricably linked, practitioners should read this guidance in conjunction with Hull CYPFS document **Assessment - Best**

Practice Guidance as the recommendations you make from your assessment will form the basis of the child's plan.

In starting to think about '**what a good plan looks like**' it is useful to think about the principles and characteristics of an effective plan. This needs to capture our approach to working with families and the need to respond effectively with actions that have a very real potential of making a positive difference and lasting change.

Principles underpinning a good plan

In Hull Children Young People and Family Services (CYPFS), we recognise that our values and beliefs will influence how we work with families and the content of the plan. We therefore need to be explicit about our **principles** and how these will be applied when formulating and working on plans:

- Collaboration with families – they are the experts on what's happening in their family and they need to be fully involved in developing and having ownership of plans -moving from paternalism to co-production.
- Our planning will support families to find their own solutions, building on their strengths - to be resilient, improve family life and increase safety and opportunities for their children. Our planning will address the immediate, medium and long terms needs of children which positively promote life chances into adulthood.
- The child's lived experience is at the heart of our planning practice – their safety, wishes, views and goals must influence and shape the plan
- Networks are important – the child's extended network and the professional multi – agency network all have important contributions to make to the plan with an aim of confidently managing risk and supporting success together
- We believe that children are best brought up in families - where children can't be brought up in their birth family, our planning will ensure timely permanent arrangements for them will be secured.

We know that working relationships are critical and establishing constructive working relationships between professionals and with families will help us develop a shared responsibility for problem solving, encapsulated by plans grounded in the everyday lived experience of the child or young person. Ideas generated by the family rather than the professionals alone are much more likely to be effective in planning actions to build future safety

Characteristics of a good plan

In considering the **characteristics** of a good plan, all plans whether a Child in Need Plan, Child Protection Plan, Care Plan or Pathway Plan share common characteristics. Practitioners are encouraged to ensure that the characteristics and standards below are present in all plans:

- The reasons for and purpose of the plan are clearly set out
- The plan flows from the analysis made in the preceding assessment, or earlier plan
- It clearly addresses needs and risks while also building on the strengths of the child, parent, carer and network
- It conveys the views, wishes and desired outcomes of the child and other relevant parties
- The plan is based on evidence, and is informed by best practice and research
- It is multi – agency in nature as no single agency is likely to meet the complexities of family life and dynamic aspect of risk
- Actions are agreed by all parties and each person is clear about the part of the plan they are responsible for
- The plan has clearly identified intermediate outcomes that can be used to evidence progress and minimise drift
- The plan contains clear arrangements for review
- In reviewing plans, the progress in meeting the outcomes is clear and evidenced
- The plan includes a contingency plan should the original plan fail to achieve the intended outcomes or where actions need to be explicit to keep the child safe in the event of an emergency or where the child is at imminent risk.
- Everyone needs to understand the ‘bottom lines’ –what will happen if the plan is not achieved
- Planning for children is unique to the specific child and includes arrangements for family time where relevant
- There is evidence of management oversight of the plan
- The plan is written in a SMART format, is clear about what needs to change and includes clear timescales for actions and intended outcomes

S.M.A.R.T criteria helps us ensure that plans are Specific, Measurable, Achievable, Realistic, and Time-scaled.

Specific – What outcome do we want to achieve? Describe the child’s needs as precisely as possible as identified in the assessment, staying away from generic outcomes.

Measurable – An outcome has to be measurable otherwise progress cannot be evidenced.

Achievable – The outcome should not be out of reach, neither should it be less than good-enough. There is nothing to prevent incremental steps been taken to achieve a given outcome, providing that this remains in the child’s time frame.

Realistic – The outcomes must represent objectives that the family are capable of achieving.

Time-scaled – There needs to be a definitive timescale for completion of the actions with measurable improvements. This must be in the child’s timescale and be particularly mindful of the timescale when addressing the impact of cumulative harm.

In addition to the characteristics and standards required of a good plan, practitioners should also pay close attention to the **style** of the plan. Your method and approach should:

- Be free of jargon and avoid words and phrases that will mean little to the family or might have different meanings for different professionals
- Use respectful language at all times
- Link the recommendations and provisional child's plan back to specific parts of the assessment (the plan must clearly emerge from the analysis – any reader should be able to work out the general story of what we're worried about from the child's plan)
- Research is clear that services for families are most effective when they really work alongside and co-produce with children and families.
- There is a difference between co-production and participation: participation means being consulted and having the opportunity to give your perspective whilst co-production is different in that it means the parent, carer or young person are equal partners and co-creators

You can explore more about these planning characteristics here www.rip.org.uk/ACTA
Analysis and Critical Thinking in Assessment:

Practice Pointers

Addressing safety

Child centred planning must address safety and be constructed relative to clearly defined and commonly understood dangers – the family, their network and the involved professionals must all be clear about the risks and harm that the plan must address.

Children and young people should be involved as much as possible – generally, the older the child the more involved they should be although this will be specific to the individual child, their stage of development and level of understanding. At an absolute minimum, children need to be aware of their safety plan and the people involved in this.

The plan needs to describe specific behaviours that will address the risks. This should always include who will assist the parents or carers and oversee the child's safety. The plan will change and evolve over time as risks are dynamic and the plan will need to be developed and refined as things change.

Plans should also address cumulative and interacting risks and vulnerabilities, and not just focus on the 'here and now'. This needs to be particularly clear where there is long term emotional harm and neglect.

In addressing safety, the practitioner will also need to think about timeliness and apply the principles of S.M.A.R.T planning as described previously. How can long the child wait for the changes to take place? How long is it reasonable to expect the actions to be effective in bringing about a positive shift and reducing risks? What is the contingency plan if the plan to ensure safety cannot be achieved within the child's timescales?

Who to involve?

All plans should be unique to each child and young person in the family or household. Their needs, vulnerabilities, risks and desired outcomes will be different. People involved in their plans may also be different.

Fathers need to be involved and their absence from the planning process should be by exception with a clear rationale recorded.

Consider who makes up the extended family and connected network – what might they have to contribute to safety and success planning? Who cares most and who helps them grow up well? What is the role of the wider family, neighbours, key people at school or in the community etc.?

The family's safety network should be involved at the earliest point of our work with the family, ideally within the first week of our involvement, and their contribution to the plan should be strengths based and clearly defined.

Think about the professional network connected to the family too - what will be their contribution? For any set of circumstances that meet statutory threshold there will be a level of complexity that no single agency is likely to resolve alone therefore all plans should incorporate integrated multiagency and multi-disciplinary elements which are wrapped around the family's needs.

Have you fully considered diversity issues in the plan?

Did the assessment identify characteristics related to diversity and identity that make a child more vulnerable to harm? If so, the plan will need to address these too.

For example, have we considered issues of local identity and how these might impact on placement planning for children and young people that we look after? Do we need to take specific steps to maintain community identity or might we need to take actions that break this where negatively impacting on the young person such as associating with notoriety or risks from child criminal exploitation?

Where relevant, have we also taken into account the impact of psychological trauma and adapted responses to adversity experienced by children and young people that we look after? Do we need specific actions in the plan to aid recovery and healing? What actions will support them into a successful adulthood?

Is the planning practice 'trauma aware'? Have we moved away from concepts of parental 'non engagement' with the plan, to a better understanding of potential attachment and complex trauma issues of the parents, and what we might do differently in our practice to better facilitate parents' full participation?

Have we also thought about the parent's therapeutic needs relating to past trauma and the likely needs arising from our present involvement such as loss, grief and shame if the child is

removed? Whilst our priority is the development of a robust child's plan, we should always be compassionate in our work and think about the parents healing too. Where relevant might a referral to PAUSE be helpful?

What about contingency planning?

All plans must have a contingency plan but it cannot simply state "The Local Authority will take the case to an Initial Child Protection Conference" or "the case will be presented to Legal Gateway Panel". Children are not cases and these statements are processes only, which will mean little to the family and will not keep the child safe. They also have the potential to sound more like a threat than a plan.

What is the family's contingency plan – who in their network can provide support if needed? Can they provide care if required? Do we need to complete assessments with these family members now to enable the contingency plan to be truly effective? What would the child do if they needed help?

If we are looking after the young person, what is the contingency plan if their placement is vulnerable? This is about what needs to happen to support stability, success and belonging and prevent placement 'breakdown' – rather than a contingency plan of "identify another foster placement".

Your contingency plan is likely to change as your assessment develops and we constantly weigh up the strengths and dangers – your contingency plan should be reviewed at least every time you review your plan.

Timeliness is important – interim plans

As stated, a viable plan that positively address worries, risks and needs follows comprehensive assessment. However, there will be occasions when interim safety plans and immediate interventions are required to run in parallel to the assessment practice when we need to act without delay. These plans should be very time limited, for example, during the course of enquiries under section 47 of Children Act 1989 or limited to a couple of days during a period of crisis and relate directly to the child's immediate safety.

Interim plans must be issue specific and of very short duration only. They must always be followed by a full plan that does address medium and long term needs and desired outcomes.

Appropriate use of authority

Be self-aware and mindful of your use of power and the regulatory and legislative framework that you are working in. For example, a Child in Need plan should not contain directions such as "Dad will not live in the family" or "all contact will be supervised" (unless

this is something that the family themselves have thought of, agreed upon and want in the plan – which would be highly unusual). If we are so worried that our preliminary assessment concludes that it is not safe for dad to be part of the household we should be progressing matters through a child protection route and commencing enquiries under section 47 Children Act 1989.

The same principle applies when provision of accommodation under Section 20 Children Act 1989 is agreed as part of a plan. Practitioners need ensure that the parent is fully informed and understands what this entails. Is their consent real, genuine and voluntarily - and not induced by the threat of legal action? Remember that if a parent asks for the child to be returned, we do not have the authority to keep the child and they must be returned unless we apply for such powers via an Order. The same applies regarding contact – we do not have parental responsibility and we cannot restrict contact against the parents' wishes as this interferes with their parental responsibility.

Written agreements should be avoided for the similar reasons. They rarely come from a place of genuine collaboration and are often little more than a statement reinforcing a very false position – the family might sign it in fear or in the hope it will prevent intrusion into their family life, and the social worker may show misplaced optimism in thinking that because 'now it's agreed to, it will keep the child safe'.

We also need to consciously avoid a 'to do list' for the family and instead be able to describe a clear expectation of what is required and the help that is needed from family network, single or multiagency system to achieve this. Our approach is likely to have much more impact if we can clearly articulate "this is what you'll need to do and this is how we'll help you do it".

Formatting

At present, the children's plans documented in Liquidlogic include three domains relating to outcomes, actions and responsibility. This will change as we embed the thinking and practice of Signs of Safety, as referred to later in this document.

The plan is a working document and, as outcomes are achieved, these should be removed from the plan and by the same principle any further required outcomes should be inserted in to the plan.

The three columns are presently:

- What outcome do we want to achieve?
- What actions do we need to take to achieve that outcome?
- Who will do this and when?

What outcome do we want to achieve? The term 'outcome' is singular and signifies the need to state a specific desired outcome. The required outcome should relate directly to identified risks and the child's assessed needs, and not be generic. Nor should we be recording outcomes that are already achieved or common to the population, for example 'to maintain good school attendance'. It also needs to describe what we want to 'achieve',

rather than what is **not** wanted or required. Each identified need or risk should have a corresponding outcome.

Clear, declarative statements of well-being framed in positive language should be measurable and the result of a collaborative process, helping families focus on 'what do we want for the children and how will we keep them safe'. Thinking about outcomes can also instil hope, maintain motivation and induce action leading to a more collaborative approach between the family and professional network.

Outcomes need to be kept simple and use clear language. Don't use words like 'appropriate' (in whose view?) and vague professional acronyms such as 'promoting emotional well-being'. This can mask what's needed and will not be well understood.

What actions do we need to take to achieve that outcome? Where possible it is best for the family to instigate what actions are required. Be mindful that families may seek to be too ambitious, whereby the expectation is unachievable, such as stating 'I will never drink again' or 'we won't allow friends to visit the house'. In addition, professionals may have a tendency to identify actions that amount to referrals elsewhere and that do not necessarily result in behaviour changes or a deeper understanding that addresses the risks or needs. For example, an action of the carer 'attending 10 sessions of a parenting programme' may not necessarily lead to change. Avoid other vague terms such as 'monitor' (it's not purposeful), 'support' (it's superficial) and anything subjective such as 'grandma will keep the house clean and tidy'.

Who will do this and when? This needs to be specific with realistic, achievable timescales within the child's timeframe. When a specific person is responsible for carrying out an action, then name them. Don't assign tasks to 'school' when the task is assigned to 'Mrs March; Head of year 6' and do enter specific dates for completion of tasks, rather than timescales e.g. within 6 weeks or 'ongoing'. This will help in reviewing progress, preventing drift and driving the plan forward.

What's the role of supervision in planning practice?

All planning practice should be supported by regular, high quality reflective supervision. Each time a child or young person is discussed in supervision you will need to evaluate what progress has been achieved against the outcomes described in the plan, applying critical reflection and analysis. For further details, the reader is referred to Hull CYPFS **Supervision – Best Practice Guidance**.

How does this fit with our practice model?

This planning guidance is also compatible with our Social Work Practice Model – **Signs of Safety**.

Further specific assessment and planning guidance integral to the model will be made available as we progress on our organisational learning journey with Signs of Safety and electronic recording forms to support good planning will change on Liquidlogic too. At this early stage of implementation, planning practice should start to incorporate the three column approach into our thinking and, at a most basic level, the plan needs to build on the detail of the third question below (the first two questions will be incorporated into the assessment practice):

- What are we worried about? (past harm, future danger and complicating factors)
- What is working well? (existing strengths and safety)
- **What needs to happen? (future safety and success)**

Principles for practice underpinning Signs of Safety emphasise that working relationships are paramount in planning and should support collaboration in developing safety goals, describing what we need to see to ensure that the child is safe. Planning should build on existing strengths and safety, naming the people and actions that make the child's life better, specifically describing actions to keep the child safe when danger is present. 'Next steps' should always describe immediate next actions that will be taken to build future safety.

The timeline or 'trajectory' of the plan is of critical importance in the approach, detailing tasks for each week, meetings that will take place and other activities such as changes in family time. The plan focuses on the family or carers 'doing', reflecting on the 'doing' and hopefully celebrating achievements along the way in building lasting safety and success.

Conclusion

In sum, good planning follows analytical assessment and is focused on achieving specific outcomes linked to identified risks and needs.

Planning is an ongoing, dynamic process responding to new information and measuring progress against clear desired outcomes. A good plan is also critical in preventing drift and driving forward timely, child centred interventions focused on positive impact, informed by children's views, ambitions and their lived experiences. All plans must address the immediate, medium and long term outcomes for children and young people and support future success in adulthood.

Collaborative, high quality plans that promote strength based tailored interventions unique to each child and situation, promote excellent social work practice in keeping children safe and supporting them with success at all points within their journey.

Whilst our own contribution to children's plans is an important responsibility as embodied within our professional standards, we need to also acknowledge that it is also a huge privilege to be a facilitator of what makes a difference to children's lives.