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Practice Guidance

Plans and Contingency Planning

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Hull Social Work Academy
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Hull
City Council

Introduction

Safety planning is a vital part of the Signs of Safety Framework, without effective safety planning and review, the support we offer is likely to lack focus and children and young people's critical needs may be left unmet. Resulting in some vulnerable children continuing to be exposed to on-going harm. 'Children's social care has the power to transform lives; wrapping support around children, young people and families can bring about profound and positive changes that help them to flourish' (Children's Social Care National Framework, 2023).

Undertaken well, the planning process has the potential to bring together families and their wider networks to identify robust plans which ensure children's needs are met and safety is worked towards. A good plan should always have the child's lived experience at the centre and 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.

Within this process, it is vital that 'Practitioners confidently provide and seek critical challenge, engaging with colleagues in their organisation and other agencies, to challenge assumptions and test plans to protect children and young people from harm' (Children's Social Care National Framework, 2023).

Purpose

The aim of this guidance is to encourage a focus on the development of the child's plan and how we, as social workers can guide the family into and through the planning process, ensuring this work addresses each individual risk and need posed to the child and clearly identifies who is going to do what and when to ensure the child is safe when the danger is present.

This guidance is separated into the following sections:

- Principles and characteristics underpinning a good plan
- The style of the plan
- Danger Statements and Safety Goals
- The Family and Network Details
- What needs to happen- Bottom Lines
- Timeline
- Who is involved in the Plan
- Plan Rules
- Contingency Planning
- Recording and Demonstrating the Plan
- Words and Pictures
- Safety Objects

Principles and characteristics underpinning a good 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 real potential of making a positive difference and lasting change.

In considering the principles of a good plan, all plans whether a Child in Need Plan, Child Protection Plan, Care Plan or Pathway Plan should be underpinned by the same principles:

- Networks are absolutely vital within the planning process and we must ensure that we collaborate with families– they are the experts on what's happening in their lives and they need to be fully involved in developing and having ownership of the plan. Other than clearly identifying the three bottom lines, what we are worried about ([the danger statement](#)) and what the Local Authority needs to see in order to end the involvement ([safety goal](#)) we will not stipulate how the family are going to achieve the safety goal. Rather, we need to use our skilful authority to support families in developing their own plans and identifying, who is going to do what within their network. Our support will assist families in finding their own solutions, building on their strengths - to be resilient, improve family life and increase safety and opportunities for their children.
- The plan is much more likely to be effective in building future and long-lasting safety if this is generated by the family rather than the professionals.
- The child's plan will address the immediate, medium and long term 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. It will also convey the views, wishes and desired outcomes of other relevant parties.
- We believe that children are best brought up in families. We must consider that the first day of removal of a child from their parent's care is the first day of reunification. 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.
- We need to ensure that the plan does not list a number of services, for instance, it will not state 'Mum will go to renew', rather, we need to consider with the family what the parent needs to achieve by potentially engaging with a service. Stating 'Mum, alongside her drug and alcohol support worker, to consider the things that trigger her to use cocaine and what she can do to manage these triggers when they happen'. Therefore, identifies the changes

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in behaviour that need to be demonstrated to evidence safety, as opposed to just asking a parent to engage with a service which could have little impact.

- 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 and it is clear how this addresses the worries, needs and risks while also building on the strengths of the child, parent, carer and network.
- 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. All parties will have a copy of this plan.
- The plan contains clear arrangements for review. In reviewing plans, the progress in meeting the outcomes is clear and evidenced. This will be clear on the child's file what progress has been made between reviews, such as Child in Need and Core Group Meetings and Child Looked After Reviews.
- The plan includes a contingency plan and a minimum of three bottom lines.
- Planning for children is unique to the specific child, particularly in large sibling groups and includes arrangements for family time where relevant.
- There is evidence of management oversight of the plan.

It is vital that 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. Scaling is one method we can use to measure progress.

Achievable – The outcome should not be out of reach, neither should it be less than good enough.

Realistic – The outcomes must include goals that the family can achieve.

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.

The style of the plan

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. Avoid using

words such as 'Domestic Abuse' and use behaviourally descriptive language, such as 'Mum and Dad physically fighting, hitting and kicking each other'.

- Always use respectful language.

The plan must clearly emerge from the analysis of the assessment – any reader should be able to work out the general story of what we're worried about from the child's plan.

Danger Statements and Safety Goals

The Danger Statement clearly identifies what the Local Authority is worried will happen to the child in the care of the parents/carers if nothing changes.

The Safety Goal identifies what the Local Authority needs to see to know the child is safe enough to end the involvement.

Danger Statements and Safety Goals are often referred to as the critical 'bookends' when working with a family and are vital components in safety planning. Without the family having a clear understanding of what the Local Authority is worried about, it will be unable to effectively develop clear safety plans which address individual risks to children.

The Danger Statement and the Safety Goal are paired together, addressing each of the concerns in turn. Typically, there should be no more than four sets and the concerns should be categorised into the following areas: emotional, physical and sexual harm and neglect.

They must be written in behaviourally specific, jargon free language that is understandable for the family and the family **must have a copy**.

Danger Statement Example

'Georgia, Children's Social Worker for Jimmy, Evie and Jordan is worried that when Glenda was hurt by Harry on the 16th January 2021 that she was in so much pain that she started drinking vodka on a daily basis to stop the pain. When this happened, Glenda struggled to get the children up for school and to make sure they were going. Their school attendance has been around 70-80% for the last three years but this dropped to 35-45% between November - January 2022. Their teachers' said Jimmy was working two years below his expected age with both Evie and Jordan being three years behind.

Glenda also struggled to make sure the home was clean and tidy and that the children had clean clothes and bedding and they were dirty. She spent large amounts of time in bed. There was at times large amounts of used pots on the side and on the floor which had been piled up high. These became mouldy and rats were found in the kitchen. There was also a very strong smell in the home from the rats which could be smelt on the children's clothing. The children were bullied by children in their class who said that they were smelly and dirty, this made them feel really sad and embarrassed and they didn't want to go to school anymore.

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If nothing changes for the children or if the situation slips back to how it was before, the children could become very ill because of their being rats in their home, they could get infections such as Weil's disease which could give them a high temperature, headaches and make them sick. The children could start to wear dirty and smelly clothes again which would make them feel embarrassed and not want to spend time with their friends. They could start to miss school again which would mean they would struggle to catch up with their reading, writing and maths and would not know what children of their age are expected to know”.

Safety Goal Example

Glenda has made some positive changes over the last three months, she has cleaned the home and kept on top of this, made sure there are no rats in the property, stopped drinking alcohol and made sure that Jimmy has been in school every day.

In order for Georgia, Children's Social Worker to recommend the family living back together again and for Social Care to be willing to close the case, Glenda needs to bring together a group of people she knows and trusts to support them who can act as their 'safety network'.

After this, Glenda and her safety network will come up with a plan with clear rules that the family agree with so that everyone in the network knows who is going to do what to keep to make sure the children are well looked after by their Mum, even when she is struggling. This means being helped to get up each morning for school and to get to school so that they can learn. They will live in a clean and tidy home where there are no rats, where they have clean bedding and clothes. This will show them how a clean home should look for when they are older and live on their own. It will also reduce the chance of them becoming poorly with infections and from becoming seriously ill. The children will feel safe and comfortable and will not be embarrassed of their home.

Together with Georgia, Glenda will create an explanation for the children to explain why Mum struggled to care for them and why Evie and Jordan had to go and live with Uncle Chris and what everyone is going to do to help Mum to care well for the children.

The Family and Network Details

The Signs of Safety approach maximises the participation of the network within planning. It is imperative that we consider who makes up the extended family and connected network. Remember these may not be biological relatives and could be neighbours, church, key people at school or in the community etc.? It is vital that we consider their roles in creating safety for the child.

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A cultural genogram and ecomap should always be undertaken with the family as part of the assessment and planning process at the earliest stage possible in our intervention – involve the children too where possible and make this interactive.

We need to ask the family:

- Who does the child say is the most important person in their life?
- Who do the parents say are the most important people around them that help and support them?
- Who are the most important professionals involved with the child and family?
- Do the child or family have any additional communication needs? (including language and disability)

The Plan

The child and young person's plan is located in the Child and Family assessment in the 'what needs to happen section' and as a stand-alone document within Liquid Logic.

Bottom Lines

The bottom lines are a minimum set of conditions put in place by the social worker and their manager about how the safety goal should be achieved. These are non-negotiable things that the Local Authority states must happen.

Hull Children Young People and Family Services have three bottom lines that should be used with all families, these are:

1. The family need to identify a network of people who they know and believe will support them when the danger is present.
2. The family and the identified network need to create a plan in which they all understand and will follow to support the family.
3. The family, with the support of the Social Worker will create a words and pictures explanation for the child, explaining what the worries are and who is going to do what to keep them safe when the worries are present.

Further bottom lines can be included that are specific to the family, however, they should be kept to a minimum to avoid overwhelming the family. For instance, for a parent struggling with alcohol difficulties, the additional bottom line could state 'If Mum wants to drink alcohol, she must ensure that there is a safe adult in the home to care for the children or she will take the children to Grandma Pauline's and make sure that the children only return home, to her when she is sober and able to care for them'.

Who is involved in the Plan?

This section **must** be developed with the family and not solely by the social worker and key professionals who support the family. This will be developed during home

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visits, alongside at Initial and Review Child Protection Conferences, Core Group and Child in Need meetings.

The plan must be shared in writing with the network and professionals so that they have an accurate recording of the next steps and expectations of all involved.

The plan is a maintenance plan which should show who will do what daily tasks to keep the child safe. It should include the name and role of who is involved in the plan and what specific tasks they are going to do to support the family and by when. 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.

This section should always start with each identified member of the network but will also include professionals and what they are going to do and by when. This could include tasks such as 'The Emotional Literacy Support Assistant (ELSA) in School will complete the ELSA course with Zack on a weekly basis to support him to explore the difficulties that he has in maintaining relationships with his peers – to be reviewed at the next Child in Need meeting on the 15th December 2024.

Where other services are involved, e.g. Staying together, where a Family Group Conference has been held, or where a child has an Education, Health and Care plan (EHCP) that the plans are brought together and integrated so that the family does not have multiple plans either duplicating each other or requiring different things.

This section will be clear and specific about:

- How often the identified person will see the child.
- We need to consider who in the family can help support and motivate the parents/carers/family to make the necessary changes, what will they do and by when. It needs to set out clear timescales for action and change to be achieved and to review the plan.
- Who is the network lead. Where possible, the Network Lead should be a member of the family network as this plan will remain in place following the Local Authority involvement ending.

Plan Rules

This section is the families safety plan and will clearly identify:

- The key issues. Do not just state 'domestic abuse', but describe the behaviour, as this could mean different things to different people.
- The existing safety and what is working well? – it is vital that we acknowledge the positives and progress already made by the family and the network.
- The stressors and triggers for the worries – what makes them more likely to occur?
- The red flags and what the network see when the worries are emerging or present.

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- What the network will do when the problems arise to keep the child safe – this needs to be specific and detailed so the network know exactly what they need to do.

Whilst the Social Worker will be present during family meetings where this section is completed, it is vital that this section is created and owned by the family with the support of the social worker, and that the steps are not dictated by the social worker.

Family Network Meetings are important and necessary meetings that should be held within 10 working days of the initial referral for the child into the service. Following this, regular family meetings need to be held to check whether the plan is working and to review this. Developing effective safety plans is a journey from the identification of a worry to reaching a safety goal. You must remember, it is not about creating a one-off product.

Careful consideration needs to be had to ensure that the family are not being asked to attend too many meetings, so family network review meetings can be included as part of the Child in Need Reviews or Core groups for example.

Developing the plan rules section will take time. There will often be a number of issues to include within this section of the plan and it is vital that these are addressed one at a time to avoid overwhelming the family and making failure more likely.

Ensure the voice of the child is clearly heard within the safety planning process, whether this be attending meetings where the plan is drawn up and reviewed, or by completing direct work to gain their wishes, feelings and understanding of the situation.

'Family finding' tools and techniques are used to help the family develop their naturally connected support network and these tools can be accessed here (add link to SharePoint).

Timeline

The timeline provides a vision for the family and professionals based on their own individual needs. It will identify the Signs of Safety core tasks only (seen in the 'how' column of the Safety Planning Roadmap, which can be seen below) that need to be completed to take the family from the current point of involvement (the danger statement) to the situation being safe enough for the child that the involvement can close (safety goal). We do not include any day-to-day tasks that go into the 'Child's plan' or the 'Plan Rules Section'.

This is a timeline not a timetable and it may be subject to change so we do not include specific dates, rather an estimate of the number of weeks it will take from the start to the end of involvement with week-by-week tasks. When completing this, consider whether the family have any additional needs, speak English as a second language or if there are any complicating factors which may mean that this work could take longer than average. This can be discussed with your manager in supervision.

| SAFETY PLANNING ROADMAP | | |
|--|--|---|
| WHAT | HOW (STEPS) | TOOLS (METHODS) |
| <p>DANGER STATEMENTS What Children's Services is worried will happen to the child if nothing changes (the problem that has to be solved)</p> <p>Safety planning always involves engaging the family and their support network in a focused action learning process enabling them to decide on, practice and refine the actions that will create lasting safety.</p> <p>This is the how of safety planning; the trajectory that creates the final safety plan.</p> <p>SAFETY GOALS What Children's Services needs to see to know the child is safe and they can close the case (not services)</p> <p>© 2019 Eka International Ltd</p> | <ol style="list-style-type: none"> Preparations with Professionals Develop Paired Danger Statements and Safety Goals with Matched Safety Scales Simple language, understandable to family. Identify everything constructive in direct parenting Develop Professional bottom-line requirements Develop Professional trajectory including timeline Build vision of process for family Build informed network with family Create explanation for children (and everyone else) Build Safety Plan with parents and network Successive process where family demonstrates over time they can make children safe, regular review — honouring success and utilising struggles. All participants should rate safety at each meeting using the safety scales. Need to dig into critical issues — dynamics, triggers and stressful times that make abuse/neglect more likely. The family must either come up with or fully own all rules. 'Denial' issues must be dealt with throughout. Involve child Monitoring by Professionals and network Create final child-centred Safety Plan | <p>Ongoing Processes</p> <p>Authority Honouring Vision Questioning Compassion</p> <p>Harm Matrix Signs of Safety Mapping My Three Houses or equivalent</p> <p>Signs of Safety Trajectory & Timeline Safety Journal</p> <p>Family Safety Circles, Network-finding Matrix</p> <p>Words and Pictures</p> <p>Regular Review Meetings Family and network must be given the opportunity to fail so they can demonstrate success, usually through an increasing process of contact. Professionals must be mindful of the risk and manage this together with the family.</p> <p>Safety Journal, Safety Object Practice Rehearsals of Rules</p> <p>Child-focused Safety Plan</p> |

The Quick Guide to Plans



1. Bottomlines

These are not a list of tasks for the family to complete these are the none negotiable that we as an authority are setting in order to try to reduce risk.

I.E. Every child should have a safety plan completed by the family, words and pictures for every child to give them an explanation and to support safety planning and the family will create a network to support them when difficulties happen and to support the family's safety plan.

Bottomlines is the section that the authority own and are responsible for as part of the plan.

3. Who's involved in the plan?

This section should feature who's involved and what they are going to do to support the family.

It should always start with the network and who in the network are going to do what. I.E. Grandma- the children are going to sleep over at her house twice a week on Tuesday and Friday. We start with the network as we want them to take responsibility for the plan.

Professionals are then stated second in this section. I.E. Health- they will make weekly home visits to weigh baby.

Where it asked for the network lead this is someone from the network not a professional. We can be the lead professional but not the network lead.

2. Timelines

The timeline is a visual to show what we are doing with the family as an authority in order to support and create safety together with the family.

This is not a timetable, it is a timeline of weeks without dates, which you do not move on to the next week until the previous weeks work has been completed.

The timeline is working through all the safety planning work with the family and only features what we are doing with the family, I.E. Words and pictures, developing the safety plan, network meetings and review meetings, danger statements and safety goals, inductions of the family whats app group and safety object for the child

The timeline does not feature what health, drug and alcohol services, CAMHS etc are doing with the family- these go in your plan rules.

The timeline does not feature if a child has been visited, if they have been seen in school, or what other services have done.

4. Plan Rules

This is who is going to do what as part of the safety plan when something we are worried about happens. This is the networks part to tell us what they see as stressors, what do they notice? what they see as triggers and when the problem arises what the network are going to do.

This section is what the family own and have responsibility for as part of the plan.

Contingency Planning

The child's contingency plan needs to be clearly recorded in the plan. The contingency plan will identify what action the Local Authority will take in specific circumstances, should the plan rules, which the family have created, not be followed by the network and fail to keep the child safe when the danger is present.

It is vital that that the child and family's individual circumstances are taken into account and that this is not a one size fits all approach. Likewise, it is vital that the family and their network are aware of the contingency plan in clear language which is jargon free.

When completing the contingency plan, you need to consider what are the actions or behaviour that would trigger the use of the contingency plan? You also need to ensure that you have explained the contingency plan and the actions/behaviour that would cause the Local Authority to act on the next steps.

Please see [the appendix](#) for contingency planning examples.

Reviewing, recording and demonstrating the Plan

Once the plan is implemented, it is vital that this is regularly reviewed to ensure that this is in keeping the child safe and to avoid drift and delay. The child's plan must be shared during all relevant meetings for the child, such as Child in Need and Core Group meetings. If the family, network and professionals do not have a copy of the plan they cannot be held accountable for the actions and ensuring these are completed.

It is important that the family and their network continue to discuss the plan rules and to make notes of any discussions, including when this has worked well and when this hasn't. Even if something is written about a difficulty, this is positive because it is being explored and discussed openly. These comments would then be shared at the review safety planning meeting.

When assessing the effectiveness of the plan, safety scaling questions are used to capture how people assess situations at any one time and create a further conversation about what needs to happen for things to get better for everyone involved. For example, other professionals could be asked on a scale of 0-10, where 10 means that you are confident that the child is safe enough to end the involvement and 0 means that you are certain that the child will be harmed or harmed again – where would you rate the situation right now? Scaling questions should be used during all meetings and can be used during any discussions with families, such as during home visits.



Words and Pictures

Words and pictures are an age-appropriate explanation for a child when there are worries about them which are co-created with the parents/carers and the social worker. It includes a written explanation, accompanied by hand drawn images which support the explanation. Completing words and pictures with the parent/carer enables them to create the narrative around the concerns in their own words and to process what has happened in the past and what is happening in current time.

The purpose of this is to explain who is worried about the child, what the worries are and what the next steps are to keep them safe when the danger is present.

In order for children and young people to be meaningfully involved with the planning done to keep them safe, they need to understand the concerns professionals have about their family and parents. Research and reviews consistently indicate that at times, children and young people cannot explain why social workers are involved in their family's life. If children do not know what the worries are, they cannot keep themselves safe. It is therefore vital that we do not avoid the difficult issues or use words that minimise the behaviours of those adults around them.

Safety Objects

A safety object is a key element of safety planning. The purpose of the safety object is for the child to communicate their worries without having to put these worries into words.

The safety object is identified by the child and could be a toy or a specific household item, such as a specific toy or an ornament. The child and their safety network will come up with a plan as to how the child's safety people will respond if the safety object is moved. It should be clear to everyone that if the child moves the safety object that's all they have to do; it is then the adults' responsibility to sort out the child's worries.

The use of a safety object should always be created as part of the wider safety planning process that describes and explains to the child in detail what the adults will do to make sure they are safe and thus, the safety object creates a sense of the child being surrounded by people that will ensure they will be well cared for.

Where it is felt that the child should have people outside of the home that they can ask for help if they are worried, this can be achieved by using two safety objects so that could take one into school to show their nominated safety person for example.

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.

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? Such as for those children with special educational needs. 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 risks from child criminal exploitation?

Conclusion

In summary, good planning is vital to ensure that the interventions and support provided to children and their families in Hull are focused on addressing risks and needs. We also need to make sure that they focus on achieving specific outcomes, ensuring that children receive the right support, from the right service, at the right time. All plans must be completed and reviewed collaboratively with families, their family and professional networks and we must 'do with and not to', to promote the likelihood of plans being adhered to following the ending of the Local Authority involvement.

When completed effectively, plans have the ability to have positive, lifelong impacts for children and young people. 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.

Appendix

Contingency planning examples

Child Protection

Billy aged 7 and Thomas aged 5 are supported by way of a Child Protection plan due to worries around Mum being kicked, hit and punched by Dad. The children are sharing that they are really scared and frightened, they have heard this happening and have seen Mum with bruising to her face and arms. Every time this has happened, Dad has been drinking alcohol. The family have developed their plan rules which state that if Dad is to drink alcohol when he is out, that he will not come home and he will stay overnight with Grandma Jane.

Contingency Planning

A contingency plan is always needed so everyone is clear what will happen if the co-created family and network safety plan is deemed by children's services to not be keeping the child/young person safe and/or if the child/young person's circumstances don't improve or they get worse.

What are the actions or behaviour that would trigger the use of the contingency plan?

Please list the actions or behaviours that would triggers children's services using the contingency plan. Use plain language that the parents and network can understand.

Dad hurting Mum.

Dad drinking alcohol, returning home drunk, shouting or hitting the children or their Mother. Behaving in a way which frightens and causes upset for the children.

What is the contingency plan?

If the concerns continue the Team Manager and Social Worker will invite you to a Public Law Outline meeting to discuss the children and make plans that can keep them safe. This is a Pre-Proceedings Meeting.

The meeting will consider what needs to be done to protect a child from harm and if an agreement can be reached to ensure this. The aim is to see if a plan can be put in place without needing to go to Court.

The Social Worker will begin by discussing any concerns that they have about your child/ren. You will then have the opportunity to reply and discuss any concerns that you have.

Please describe in plain language that the parents and network can understand.

Have you explained the contingency plan and the actions/behaviour that would cause children's services to use the contingency plan to the parents and their network?

Yes No **Kinship care**

Harry aged 13 lives with his Grandma June and is supported by way of a Full Care Order. Grandma has raised worries that she is struggling to care for Harry, owing to the trauma that he has faced when living in his mother's care. He is struggling to manage his emotions and has started to cause damage to the family home and go missing. Grandma feels she can no longer care for Harry, this is having a significant impact on her own emotional well-being, and she is struggling to get him to school and to keep him safe.

Contingency Planning

A contingency plan is always needed so everyone is clear what will happen if the co-created family and network safety plan is deemed by children's services to not be keeping the child/young person safe and/or if the child/young person's circumstances don't improve or they get worse.

What are the actions or behaviour that would trigger the use of the contingency plan?

Please list the actions or behaviours that would triggers children's services using the contingency plan. Use plain language that the parents and network can understand.

Grandma June stating that she can no longer care for Harry or meet his current needs. Harry continues to run away from his home and is not reported as missing to the Police, which is imperative.

What is the contingency plan?

Please describe in plain language that the parents and network can understand.

The Local Authority and other agencies will continue to support Harry and his carers, so that Harry has stability and love and to avoid him moving homes. This includes assessment of the wider family network. In the event that he cannot remain with his Grandmother, the social worker will consider all current assessments and will re-evaluate, assess any members of the network who can care for Harry. Harry's profile and individual needs will be up to date and reflect the care provider he requires to meet his holistic needs.

If Harry is not safeguarded by his carers and reported missing – the Local Authority will seek legal advice to ensure that he is protected and safeguarded.

Have you explained the contingency plan and the actions/behaviour that would cause children's services to use the contingency plan to the parents and their network?

Yes No

Child in Need

Bella, aged 5 and Jasmine, aged 6 months, have been supported by way of a Child in Need plan. When home visits are completed, the home is very dirty, the children do not have any clean bedding and Bella's mattress is stained and wet from urine. The kitchen area is dirty with mouldy plates piled high on the work surfaces and Jasmine's bottles have not been sterilised. The home is cold and there is damp in some of the bedrooms. Bella is falling asleep in class, and she is always very tired.

Contingency Planning

A contingency plan is always needed so everyone is clear what will happen if the co-created family and network safety plan is deemed by children's services to not be keeping the child/young person safe and/or if the child/young person's circumstances don't improve or they get worse.

What are the actions or behaviour that would trigger the use of the contingency plan?

Please list the actions or behaviours that would triggers children's services using the contingency plan. Use plain language that the parents and network can understand.

Home conditions do not improve with the use of the agreed cleaning plan. The kitchen area is still very dirty with mouldy pots piled high, no sanitation for the feeding bottles, or clean and dry sleeping conditions for the children. The family know that we are worried that should neglect continue this is of significant concern and can impact on the children's development and safety.

What is the contingency plan?

Please describe in plain language that the parents and network can understand.

If the visits to the children do not evidence a significant improvement regarding home conditions and the Child in Need Review meetings evidence continued harm. The Local Authority will or organise an Initial Child Protection Conference. This means that the Local Authority believe your child is suffering or likely to suffer, significant harm.

This is a multi-agency meeting where professionals, including the Social Worker, Police, Health and Education will attend to discuss the worries and to make a decision whether your Children need to be made subject to a Child Protection Plan.

OFFICIAL

Have you explained the contingency plan and the actions/behaviour that would cause children's services to use the contingency plan to the parents and their network?

Yes No

Children with Disabilities

Hannah is an 11-year-old girl, she has autism and ADHD and is supported by the children with disabilities team. She has been supported by way of a child protection plan for the last 5 months and prior to this, she was supported as a child in need. In the last six weeks Hannah has been missing on four occasions from her home. Hannah has started to leave the home unaccompanied more frequently, she doesn't always inform anyone in the house that she is leaving.

There have been 3 reported incidents whereby Hannah has found and swallowed medication in the home and has needed to visit the Hospital as a result. We are worried that on these occasions she has not been supervised by her Mum.

Hannah has also had access to knives and sharp objects within the home. We are worried that she has cut her hand on one occasion and that her Mum has not followed the safety plan consistently and put these out of reach, in a locked cupboard.

Contingency Planning

A contingency plan is always needed to everyone is clear what will happen if the co-created family and network safety plan is deemed by children's services to not be keeping the child/young person safe and/or if the child/young person's circumstances don't improve or they get worse.

What are the actions or behaviour that would trigger the use of the contingency plan?

Please list the actions or behaviours that would triggers children's services using the contingency plan. Use plain language that the parents and network can understand.

Hannah has continued to go missing in the community and adults who care for her, have not known where she is. Hannah has continued to find medication in the home and she has swallowed this, resulting in her needing to be taken to hospital for treatment.

What is the contingency plan?

OFFICIAL

Please describe in plain language that the parents and network can understand.

Should concerns continue and there is a further incident of this nature, with lack of supervision and protection, the Team Manager and Social Worker will invite you to a Public Law Outline meeting to discuss the children and make plans that can keep them safe. This is a Pre-Proceedings Meeting.

The meeting will consider what needs to be done to protect a child from harm and if an agreement can be reached to ensure this. This may include identifying an overnight, emergency short break and holding weekly risk management meetings to make sure Hannah's needs and safety are reviewed regularly.

The aim is to see if a plan can be put in place without needing to go to Court.

Have you explained the contingency plan and the actions/behaviour that would cause children's services to use the contingency plan to the parents and their network?

Yes No

Children with Disabilities

Charlotte is a 4-year-old girl who has cerebral palsy, she is unable to stand or sit without support and she is also non-verbal. Charlotte has an Education Health Care Plan due to her additional needs.

Charlotte is supported by way of a Child Protection plan and has been for four months. This is due to her not being taken to her medical appointments by her parents, including with her paediatrician and her dental appointments. 8 appointments have been missed within the last six months. This has affected the relevant health professional's ability to put the right support in place for Charlotte, such as aids and adaptations and to regularly assess her needs. Charlotte's parents are also not brushing her teeth. Charlotte has severe dental decay as a result and she is often experiencing significant toothache. This is exacerbated by the fact that she is not taken to dental appointments.

Contingency Planning

A contingency plan is always needed to everyone is clear what will happen if the co-created family and network safety plan is deemed by children's services to not be keeping the child/young person safe and/or if the child/young person's circumstances don't improve or they get worse.

What are the actions or behaviour that would trigger the use of the contingency plan?

OFFICIAL

Please list the actions or behaviours that would triggers children's services using the contingency plan. Use plain language that the parents and network can understand.

We continue to be worried that Charlotte is not taken to all of her health appointments, including to her paediatrician and dentist. Charlotte's needs will not be assessed and supported by the relevant health professionals and she and will not have all of the necessary aids and adaption to support her within her daily life. Charlotte's teeth will not be brushed regularly. and she will be in

What is the contingency plan?

Please describe in plain language that the parents and network can understand.

If the concerns continue the Team Manager and Social Worker will invite you to a Public Law Outline meeting to discuss the children and make plans that can keep them safe. This is a Pre-Proceedings Meeting.

The meeting will consider what needs to be done to protect a child from harm and if an agreement can be reached to ensure this. This may include identifying clinical respite at Sunshine House.

The aim is to see if a plan can be put in place without needing to go to Court.

The Social Worker will begin by discussing any concerns that they have about your child/ren. You will then have the opportunity to reply and discuss any concerns that you have.

Have you explained the contingency plan and the actions/behaviour that would cause children's services to use the contingency plan to the parents and their network?

Yes No