****

BCP Children’s Services.

Back Up/Contingency Planning for Families - Guidance for BCP Practitioners.

|  |  |
| --- | --- |
| Document control | |
| Status | Guidance |
| Effective from | October 2020 |
| Who Must Comply with this Guidance? | All BCP childcare practitioners |
| Who must be aware of this guidance? | As Above |
| Review Frequency | Annual |
| Policy Lead and Approval Body | Quality & Assurance |
| Produced By | TN |

Table of Contents

[1. Introduction 3](#_Toc54167496)

[2. Recording of the back-up plan 3](#_Toc54167497)

[3. Good practice in back up planning 3](#_Toc54167498)

[4. Challenges/issues with back up planning 4](#_Toc54167499)

[5. Examples of where back up plans may be used 5](#_Toc54167500)

# Introduction

A back up plan (often referred to as a contingency plan) is designed to anticipate a possible future event or circumstance. It will supplement the main plan for the child by considering significant risks which are not expected, but are identified as being possible in the assessment of the family’s functioning. It is particularly useful in social care when working with potential crisis situations, disguised compliance and transfer or closure processes.

A number of Serious Case Reviews locally and nationally have highlighted the lack of back up plans in children’s cases.

[***Laming (2009)***](http://dera.ioe.ac.uk/8646/1/12_03_09_children.pdf) *stated that where children are supported at home the objectives need to be clearly identified and monitored, and that a back up plan needs to be in place so that if the objectives are not being achieved, further action can be taken.*

*Davies and Ward (2011) stated that in cases when parenting capacity is found to have improved to such an extent that a case may be closed, back up planning is necessary. This is particularly pertinent given the relapsing nature of parental vulnerabilities.*

Professionals and families need to be aware when certain situations will lead to major concerns, and what they can expect to happen and within what time frame. Families should be involved to help agree the back up plans. A number of agencies around the child and family may need to be involved developing and committing to back up plans.

A back up plan should be considered on each child’s plan and should always be kept up to date to take into account the child’s changing needs and circumstances.

# Recording of the back-up plan

Back up Plans can be created to relate to a short period, when used it would be appropriate to record the back up plan in the case recording / management action record – it should state what needs to happen given a likely set of circumstances over the next few days. The plan should then be contained, as appropriate, within strategy discussions, child in need plans, child protection plans, care plans, pathway plans, transfer and closure summaries, and supervision records.

# Good practice in back up planning

[Plans](http://trixresources.proceduresonline.com/nat_key/keywords/care_plan.html) for children should always consider how a parent’s vulnerability or environmental factors could affect their children i.e.

* Does the vulnerability affect motivation, ability to care for self and child and/or the ability to prioritise?
* Does the child witness any behaviour that may be distressing i.e. self-harm, general inability to function, bizarre or frightening behaviour?

If so, what strategies and/or support can be put in place to support children and improve their safety?

Professionals should always consider how changes in circumstances for a parent/carer and their child will be managed.  This should clearly record care arrangements in the event that parents or carers are admitted to hospital, for example, or actions to be taken should a parent’s mental health deteriorate. Out of Hours Services should have access to these records and alerts made to them when the likelihood of this happening out of hours is recognised.

Sometimes back up plans will also relate to young people’s behaviours and choices, for example in pathway planning or plans in relation to children going missing or at risk of exploitation.

Plans and back up plans should be agreed with the family and include, as appropriate, contact with extended family members to provide additional support, if the situation deteriorates.  Back up plans should clearly articulate what will be in place to identify and communicate concerns to family members and/or professionals. It is helpful when symptoms of relapse / increased vulnerability are known that they are identified in the back up planning so that family and partner agencies know what they need to be vigilant for.

Professionals need to consider carefully the implications for children when ceasing their support for vulnerable parents and provide back up plans in case of relapse or recurrence of vulnerability.

# Challenges/issues with back up planning

Plans should aim to be explicit about who is accountable for identifying the ‘trigger’ for the back up plan and then who is responsible for enacting it. Multi-agency partners need to be engaged in back up planning.

Back up planning needs to be proportionate to the risks anticipated. Back up planning must be seen as part of the risk management for children. Significant risks need back up plans. Practitioners and families need to identify these key areas rather than trying to plan for / address every scenario. In some cases, there may be an entry into records which states that a back up plan is not needed.

Back up plans can appear coercive or negative to families, as they are often about the core plan not being effective or issues such as remission, worsening mental health or further abuse. Skill and care are needed in communicating plans to parents and subsequently agreeing plans for ‘worst case scenarios’.

In some situations, it may not be helpful to the child or family to be explicit about the action that will be taken if the plan is not progressed. There will be situations where an explicit back up plan is assessed to pose risk to the children e.g. family leaving the area / not reporting further concerns / using the back up to deter disclosures. In these cases, the back up plan should be recorded in general terms and the social worker and manager will record in a management action record greater detail of the back up plan, sharing it with other partner agencies involved in delivering the back up plan.

In some situations, the back up plan will be not be able to be specific as a number of potential responses are possible, but the way in which these options will be considered and the timeframe for this should be recorded.

# Examples of where back up plans may be used

|  |  |
| --- | --- |
| A parent who is prone to bringing unsuitable new partners into the family. | Back up plan if xxxxx starts a new relationship:  Family and team around the child will identify any new partner / person visiting the home and will let social worker know so that appropriate checks can be made. Notification should be immediate and initial checks should be undertaken within two working days. |
| Back up plan if parent chooses to recommence relationship with xxxx  Family and team around the child to notify social worker of this change. Social worker to lead multi-agency assessment of risks posed by xxxx and to work with partners to reduce risk or to proceed to legal proceedings. |
| Where there is a risk that child will not be returned from contact. | Back up plan in the case of xxx not being returned after contact.  Legal advice will be sought to recover the child to the care of xxxx. Police reference log is xxxx. Copy of contact arrangements is stored xxxx. |
| Where dangers of contact with dangerous person ignored | Should it come to light Mr xxxx has had unsupervised contact with both or either of the children an immediate social work visit to the children should be undertaken to ascertain how this has happened and determine any additional risks to the children. This information should be discussed by the social worker with Team/Service Managers. Consideration should then be given to the need for an additional core group meeting to address the issue or whether Legal advice should be sought by the Local Authority. |
| Should Mr xxxx not engage with the social worker, SW to set out in writing the concerns of unsupervised contact between Mr xxxx and the children whilst he is under the influence of alcohol and that CSC are advising that at Mother’s request contact should be planned and supervised to benefit the children and allow assessment of contact by the SW. Father is to be further advised that he should seek legal advice regarding contact issues if he is unhappy with request. |
| Step-down arrangements for a family where Domestic Abuse risks have been reduced. | Back up plan in case further domestic abuse is identified.  Family to be supported by xxxx to revisit the safety plan and work undertaken with specialist services. Re-referral to CSC may be needed if domestic abuse involves xxxx. CSC may consider specialist DA worker undertaking ‘top-up’ session with family, dependant on severity and context. |
| Where concerns about DA increase | Should professionals have information or concerns of domestic abuse incidents or substance misuse by either parent they should notify the social worker immediately.  The social Worker should carry out an additional visit to the parents, within 24 hours, to explore the concerns. Consideration should be given to the need for an additional core group to be convened to address the issues. |

|  |  |
| --- | --- |
| A parent with mental health issues who, when unstable, can deteriorate rapidly and become a danger to their child. | Back up plan in case xxxx’s mental health deteriorates.  Family and team around the child will be vigilant for indicators of deterioration in mental health and will inform CMHT and CSC so that a proactive response to xxxx can be made. (Indicators of deterioration for xxxx are known to be xxxx) |
| A young person in a residential psychiatric unit and it is possible that plan in place will not be achieved due to early / unplanned discharge. | Back up plan in case of early / unplanned discharge:  Multi-agency meeting to be convened at short notice if discharge is earlier than planned in order to agree next placement. Escalation process to be used if plan is not felt to be sufficient to meet needs. Key agencies to be involved, as a minimum are xxxx. |
| Where anticipated services are not offered | Should xxxx not meet the criteria for Tier 3 therapeutic intervention/support Core Group should consider alternative therapeutic support for her, via school. |

|  |  |
| --- | --- |
| Where parental engagement is of concern. | Back up plan if parent withdraws co-operation:  An earlier conference / core group will be convened to work with parent to review agencies’ concerns, progress to be achieved and reasons for non-engagement. |
| Where improvements not sustained | In the event that Ms/Mr xxxx not sustain any improvement to the children’s living environment or work within the CP Plan and the risks to the Children’s welfare are considered to have returned or increased, the Local Authority will consider seeking Legal Advice to inform further planning |
| Where essential appointments are missed | Should either child miss given appointments without an explanation being given by parents Professionals should inform the Social Worker within 24 working hours. Social Worker to follow up via visit to the children |
| Where commitment to plan falters | School to inform Social Worker should parents not support xxxx’s learning as required. Consideration should be given to the convening of an additional core group meeting to address the issues if necessary |
| Should xxxx miss a Midwifery appointment Services will notify the Social Worker - within 24 hours. Social Worker will carry out an additional visit to see xxxx to ascertain why the appointment has been missed, which should inform further decision making. |
| Where child not attending school | School will report to the social worker any absence where Mr xxxx has not notified the school of the reason. SW will follow up with contact with xxxx and xxxx within 12 hours |

|  |  |
| --- | --- |
| Child in Care in residential Unit where worst-case scenario is placement breakdown, but the plans include work to mitigate risks already. | Back up planning is not needed in this case as mitigation has been put into core plan to reduce the risk of placement breakdown. CLA Reviews will test the robustness of mitigation and need for back up will be reviewed. |
| Child in Care going missing where the current plan is to return child to placement whenever found and to commence viability assessment of the accommodation they ‘run to’. | Back up plan if it is not possible to return child to placement is to use a retained foster care placement.  Back up plan if viability concludes that the accommodation is not safe maybe to issue an abduction notice. |
| Separated Child Seeking Asylum / Unaccompanied Asylum Seeker at risk of going missing or being trafficked | Back up plan if the young person goes missing from placement is to notify Police with reference …… to identify them and seek any intelligence about their whereabouts. |

|  |  |
| --- | --- |
| Parent at risk of drug relapse. | Back up plan for situation of drug relapse:  Family and team around the children to be aware of indicators of relapse. Specialist drug services will be notified and will support parent to implement agreed relapse plan. |

|  |  |
| --- | --- |
| Parent offending and potential for custody. | Back up plan is parent unable to care for child:  Paternal and maternal grandparents are suitable to care for the children and can be contacted on …….. |