

Back-Up Planning Guidance

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To make North Somerset a truly great place for children and young people to thrive; where all have the best possible life and opportunities, including those who are vulnerable, disadvantaged and/or have special educational or additional need



1. Introduction

Back-up / contingency planning is essential particularly when working with potential crisis situations and as part of transfer and closings summaries.

Colleagues, out of hours services and the families themselves need to be aware when certain situations will lead to an unexpected or corrective intervention.

For example, a parent with mental health challenges, who, when stable can look after themselves, but when unstable can deteriorate rapidly and become a danger to themselves and their children. Risks, triggers, mitigation, response, and restoration must be considered to ensure any emergency response is explicit, informed and well understood by those in the network.

A back-up plan must be recorded on each child's file, it must be kept up to date and consider the child's changing needs and circumstances. The back-up plans should be routinely reviewed (3 months) or when there is a change of status or circumstance. On each child's file the back-up plan should be easily accessible and visible and documented as part of the child summary/pen picture.

2. Recording of the Back Up Plan

Back-up plans can be relatively simple. In such cases it would be appropriate to record the back-up plan on the child's electronic record making it explicit that it is a contingency, it is a back-up plan. The plan should state what needs to happen in a given set of circumstances. The plan would be documented alongside the child summary and ratified by the team manager in the supervision record.

In more complex longer-term safety plans the back-up plan, while explicit in the summary, should also be contained within the current Child in Need Plans; Care Plans; Pathway Plans; Special Guardianship Order Support Plans, Placement with Parent Agreement or in Child Protection Plans.

Professionals and the child's network should always consider how changes in circumstances for a parent/carer and their child will be managed. For example, this should clearly record care arrangements if parents or carers are likely admitted to hospital, or actions to be taken should a parent's mental health deteriorate, new birth or relapse into substance abuse. It is good practice to complete the plan with a view to preventative support, proportionality, and crisis management.

Key considerations are as follows:

- Back-up plans must be recorded on each child's file and reviewed as appropriate.
- Back-up plans should be informed and 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
- Practitioners must carefully consider the implications for children when ceasing their support for vulnerable parents.

3. Back -Up Plans

All Plans should consider how the vulnerability in their network could affect the child(ren). A good plan should cover, not only actions but consideration as to how someone without a working knowledge can exercise a sound, well informed and proportionate judgement in relation to the application of back-up measures. For example, what is likely to be observable to whom and what significance this is likely to carry. It would be helpful to separate these into:

- Early noticeable signs – makes sense to discuss and record these and how they might be self-managed or when these need additional support
- Later signs – things observed by the person and others which may indicate a further deterioration in their mental health, abstinence, level of functioning and/or any increase in risk(s)

All plans and casefiles will include the contact details of people involved the back-up needs to reiterate this in a specific way including daytime and evening contact information with clarity about who has agreed to do what.

For example, Information such as who should be approached first, and then second, if the first person is unavailable, etc should be included. Reference to any existing formal safeguarding arrangements and plans (with named contacts) should be included.

The preferred arrangements that will need to be implemented if the person becomes unable to care for their child(ren). For example:

- Roles and responsibilities of those named in the plan (formal & informal)
- When and who to seek advice and support from
- Details on the types of measures that may need to be put in place and why
- How the children may respond to the plan, what additional consideration may need to be documented e.g., communicating with child
- Does the vulnerability affect motivation, ability to care for self and child and/or the ability to prioritise?
- How to manage disagreement in terms of applying the Back-up plan
- Does the vulnerability create additional risk to the child(ren)?
- Does the child witness any behaviour that may be distressing e.g., self-harm, general inability to function, bizarre or frightening behaviour, domestic abuse?
- If so, what action, strategies and/or support can be put in place to support children and improve their safety as well as keeping in mind their wellbeing?