

CHILD AND FAMILY PLAN– QUICK REFERENCE TOOL

Early Help

The purpose of this quick reference tool is to assist practitioners with the structure and flow of the Child and Family Plan, it focuses on what good looks like and provides guidance of what should be included under the current headings of the plan.

This guide is step forward in the implementation of Signs of Wellbeing. Good outcomes for children/young people are achieved through clear, focused, timely planning. The process involves helping the child/young person identify their own network of support to avoid an over reliance on services. It is the role of the lead to ask some good, focused questions to think through with families and other professionals ‘what are we worried about’ and balance that against ‘what is working well.’ Holding the firm belief that all families have things they do well as a family it is just that often we aren’t around to see it. The lead practitioner is responsible for identifying the wellbeing statement(s) and the safety goal(s).

The purpose of Signs of Safety ‘we want to do everything humanly possible to put the parents, children and everyone naturally connected to the children at the centre of the assessment and decision-making and give them every opportunity to come up with their own ideas before we offer or impose ours.’

The role of the lead practitioner is therefore to facilitate the discussions with the network about what the plan may look like, but it is the child/young person’s network who create the plan so that it works well in their home and family life, not the lead practitioner. The lead practitioner is responsible for identifying the Worry Statement(s) and the Well-being Goal(s), typing the plan so that it makes sense to the family and sharing this with the family and the network.

Child abuse thrives on secrecy. Signs of Safety/Wellbeing/Success approach emphasises the need to build open, honest and respectful relationships with children/young people and their identified network, who are informed of the issues.

Stay Focused

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What are we worried about?

Worry Statement(s) Use or summarise your worry statement(s). It is helpful to number them, separating them out if you have more than one concern.

- Easiest way to write a worry statement is to break it down into 3 part:

1. Who is worried?

2. What it is they are worried about? (describe the specific behaviours/give examples where possible/use the language and words the family have used.)

3. Why? The impact on the child and their future if the behaviour described above doesn't change.

- Use plain language that families and children can understand.
- Don't over catastrophise but don't minimise the seriousness.

Use subheadings to record:

- **Complicating factors:** Things that are getting in the way / muddying the waters e.g. Mental health concerns, poverty, threat of eviction, physical and learning difficulties, disagreement between professionals.

How will we do this?

- Actions identified by the family network and professionals to reach the end goal will be described and identified clearly.
- Each goal will be included from the identified need.

Who Will Do This?

This is where who will do the things that the family network and professionals have agreed to do is explained.

- Identified family members and professionals named and included in this section, to follow on from how the actions will be met.

By When

- This column explains the when, how often, by or from what date.
- Be specific about timings, frequency and timescales – this can help build hope for the child and family.
- Show any planned changes to frequencies etc as the plan progresses.
- Any professional appointments for the child / family members.
- Many of the actions that the network will undertake to keep children safe will be long term actions

How will we know when things have improved?

(Colum 6 current heading)

(Scaling Question)

- This is where we track progress of the plan so we can understand whether things are getting better or not.
- This is your safety scale. You devise a unique safety scale linked to each Worry Statement and Safety Goal or you can use a more overall safety scale:

On a scale of 0-10, where 10 is that the child/young person is safe with the network's plan in place and it is being applied, and 0 is that the child/young person is not safe at all, they are at risk of harm and the network's plan is not working, where would you scale this?

0-----10

- Always use the same scaling question(s) from one meeting to the next so that you are tracking the same thing each time.
- Ask the scaling question to everyone present (in the family network meeting/TAF) and record their responses in this column
- What makes them rate this high? What would need to happen to push them up the scale?
- Use this thinking to strengthen the plan.

How will we record change and improvement in outcomes?

- The use of progress so far column to include scaling and updates to capture outcomes met.

Quality Assure Your Own and Others Work

Use the **Key Principles for Plans** in your work and check the quality against them:

- **Clarity** – Is it clear whose plan this is, why it is needed and how worried we are? Is there a safety / wellbeing goal and a scaling question linked to every danger / worry statement?
- **Plain language** – Is it understandable to the child, young person, parents, and network?
- **Behavioural** – Is there a focus throughout on specific behaviours that have been observed, and that need to change and why? Does it show the step by step 'who does what' to keep the child safe when things are difficult?
- **Outcome focused** – Are there clearly written outcomes that describe what life for the child will look like when the plan has progressed, and things have changed. What are the child's needs and how will these be met including how opportunities to heal from trauma will be provided?
- **Child focused** – Is there priority given to actions that directly improve the life and safety of the child? Where there are other plans (EHCP, PEP for example) are they aligned with this plan and referred to?

- **Parent Involvement** – Is it clear that mams, dads or carers have been involved planning and the creation of the plan? How is this evidenced whether they are together or separated?
- **Informed Support Network** – Does the document show clear involvement of all connected support people (Family Network) in active roles within the plan? Does it include the role of other agencies and the involvement of other support services and what their role is?
- **Child’s Voice and Involvement** – Is what the child or young person’s wants to change, and their involvement clear throughout the planning and plan?
- **Time** – Does the plan identify clear timescales for actions?
- **Balancing risk** - Does the planning and the plan apply what we know from practice wisdom and research as well as building upon the identified existing safety and existing strengths for the child?
- **Bottom lines** – Are there any non-negotiables?
- Has the plan been **tried and tested?** – How confident are you that it will work?
- **Contingency plan** – Is it clear if this plan, or parts of the plan, don’t work within the time it needs to, what will happen?

Family Outcome Framework Criteria – quick check

Have you selected from the drop-down list at least 2 ‘headline problems’ and checked that you have also selected the corresponding outcome for each and relate to each other from the Family Outcome Framework? For example, ‘headline problem 3’ and ‘Outcome 3.1’ and 3.2.’ Have you done this for both the child/young person and each adult in the family? For example, the child/young person, Mum, Dad and stepfather who lives with mum. For the child/young person you simply select the relevant criteria from the drop-down box in liquid Logic and the matching outcome however, for the adults you must write this in the free text boxes available. ([Family-Outcome-Framework-Reviewed-MARCH-2020-DSCP-002.pdf](#) (durham-scp.org.uk))

Appendix 1

Case Example – Child and Family Plan

What are we worried about?	Goals (small steps) What needs to happen What will things look and feel like if we had no worries?	How will we do this?	Who will do this?	By When	How will we know when things have improved?
<p>Worry statement 1: Nicola and the school are worried about Kyle's behaviour at home, school and in the community to the point that other people have complained about it. They worry because both mum and dad have said they don't know what to do at times and are frightened. They worry that he tries to hurt Cane and Katie and at school with other children, by kicking and slapping them. Everyone is worried about some of the scary things Kyle has seen when he was little, and they worry about</p>	<p>Wellbeing Goal 1: For Nicola and school to be less worried about Kyle they need to see his network of important people to come up with a plan that shows he can have some positive and fun times with his friends, Katie and Cane as well as his friends at school. 'Fall outs' will happen like they do with all children, but Kyle can cope with these in a way that doesn't hurt or upset others and his network can help him with this. Nicola would like the people who know Kyle the best and who he</p>	<p>Kyle's mum and stepdad Peter have identified a network of people that know them and the children really well, Kyle has also identified some safe people to him to. All of these people have agreed that they will all play specific roles to ensure that they reach the agreed goal.</p> <p>Mam and dad Peter along with Nicola the FSW will come up with a words and pictures explanation for Kyle. Mam and Peter have agreed that Nicola can talk to dad Paul too.</p>	<p>Mam, Dad Peter, Kyle, Katie and Kane have identified and know that these are the people in their network:</p> <ul style="list-style-type: none"> • Granddad Barry (number) • Nana Margaret (number) • Aunt Gina (number) • Nicola (number) • Dr Joel (number) • Mrs Smith (number) <p>Mam has bought a book to be kept at home where everyone in the network can write to talk about the times when they have</p>	<p>First FNM will be August 6th 1pm at the family home. FNM will take place fortnightly for the first two month.</p> <p>First TAF meeting August 14th at Dr Joel's office. At each TAF meeting mam will be supported by one of her network people.</p> <p>Nicola will work with the family for 6 months. When Nicola closes the case the network will continue to do all the tasks that they agreed to.</p>	<p>Wellbeing Scale – on a scale of 0 – 10 where 10 means that Kyle has a group of friends who talk about enjoying time with Kyle, despite the usual fall outs no one feels scared or gets hurt. Kyle has a good relationship with Cane and Katie and the family are talking more about the fun and positive times they have. The network has a plan to support Kyle, and everyone is seeing that work. And 0 means Kyle is struggling the kids at school don't like being around him, Cane and Katie are getting hurt</p>

<p>how much Kyle understands. Nicola and school feel that if things continue as they are with Kyle then he will grow up thinking its ok to be aggressive to the people around him, like his dad was to his mum, and hurt people and make them feel sad and scared. Nicola worries that if mum, dad and other important adults can't find ways to help Kyle manage all of this, he may grow up feeling sad, lonely, scared and feeling like no one wants him, because he is 'bad' like his dad</p> <p>Complicating Factors:</p> <p>Peter isn't Kyle's biological dad; Kyle hasn't seen his real dad for a number of years when mum stopped the kids from going after dad gave Kyle and his little sister alcohol.</p> <p>Sometimes mum and Peter talk about Kyle</p>	<p>trusts, so Mum Peter, Granddad Barry, Gina and Auntie Laura talking to Kyle about his worries and reminding him that they are the safe adults, exploring with Kyle how he feels when he is scared and understanding in a safe and reassuring way about the things he saw in his past.</p>	<p>Mam and Dad Peter have agreed that they will not talk bad about Kyle's dad in front of Kyle or make comments that make Kyle feel bad, if either of them notices the other doing this they have a code word between them.</p> <p>Granddad Barry will spend time with Kyle twice during the week and once over weekend where Kyle will go to his on his own and spend time with him in his garage.</p> <p>Every other week Kyle will spend time with Aunt Gina helping her with the baby and going shopping.</p> <p>Nicola FSW will hold regular meetings with the family and the professionals to ensure that everything stays on track. At each of those meetings she will read the worry statement, wellbeing goal and get everyone to scale the wellbeing scale.</p>	<p>stuck to the plan and times when they have had struggles. Nicola will review this every time they have a Family Network and see if they need to make any changes to the plan</p>	<p>Dr Joel will work with Kyle on a 121 basis he will offer 8 sessions in total.</p>	<p>and mum and dad Peter are talking more about just not coping. Kyle is angry at everyone and has no other strategies to cope other than to hurt. Everyone is worried about the future for Kyle</p> <p>Progress in terms of scaling can be tracked here</p>
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<p>being like his dad in terms of not only his outburst but also his looks, they often have these conversations in front of him.</p> <p>Kyle is currently in a mainstream school and they are struggling to manage his behaviour – he lashes out at other kids, runs off, throws things etc. School feel he will be better placed in a specialist provision.</p>		<p>Dr Joel will have regular session with Kyle so that he can work on ways of managing his own anger in a positive way.</p> <p>If anything gets out of hand and mam and Dad Peter find themselves shouting back at Kyle, they can call on one of the network for support.</p> <p>Mrs Smith at the school will make a card for Kyle that he can use when he wants to talk or when he needs some time out.</p>			
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