

# Child Protection Plan

## Child/Young Person's Plan (CIN/CP)

This plan sets out the agency's plan for a child/young person living with his/her family within the community. This plan should be completed after analysing the findings from a core assessment, and updated or changed as appropriate following review.

### CHILD/YOUNG PERSON'S DETAILS:

The Child's Plan has been designed for use with all children in need living with their families, including those for whom there are concerns that they are suffering or are likely to suffer significant harm. This plan may also be used with children and young people receiving short break care, in conjunction with Part One of the Care Plan.

Where a child's name has been placed on the Child Protection Register, the Outline Child Protection Plan will form the basis for this plan.

\*Where the plan for a child in need includes short-break care, Part One of the Care Plan and a Placement Agreement should also be completed.

<b>SWIFT Party ID</b>	<b>Key Worker</b>	
	<b>Telephone Number</b>	
<b>Family Name:</b>	<b>Forename:</b>	
<b>DoB or expected date of delivery:</b>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Unborn <input type="checkbox"/>	
<b>Home Address:</b>		
<b>Postcode:</b>		
<b>Current Address (if different from above):</b>		
<b>Postcode:</b>		
<b>Telephone:</b>	<b>E-mail:</b>	
<b>Date Core Assessment completed:</b>		
<b>Or expected date of completion:</b>		
<b>Date of last review:</b>	<b>Date of this review:</b>	<b>Date of next review:</b>
<b>Type of Plan (please X as appropriate)</b>		
Child in Need Plan	<input type="checkbox"/>	Date
Child Protection Plan	<input type="checkbox"/> Category	Date
Child in Need including short-break care*	<input type="checkbox"/>	Date

### GUIDANCE ON COMPLETING THE PLAN

The plan is a multi agency plan and should draw on the areas of strength and competencies of the child/young person, parents/carers, wider family and their community, and identify how the following will be addressed:

- the identified developmental needs of the child/young person;
- parents'/carers' difficulties or problems which are having an impact on their capacity to respond to the needs of their child;
- wider family and environmental factors which are having a negative impact on the child/young person and his/her parents;

The plan should be specific about the actions to be taken, identify who is responsible for each action, and any services or resources that will be required to ensure that the objectives set can be achieved within the agreed time scales. The plan should include actions to be taken by the child/young person and his or her family.

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Statutory reviews should take place within the time limits set down in Regulations and Guidance. It is good practice for plans for children in need to be reviewed at least every 6 months as set out in paragraph 4.36 of the *Framework for the Assessment of Children in Need and Their Families (2000)*.

The last page of this plan records which family members and agencies are party to the plan and the date when the plan will be reviewed. This should be signed by the child or young person (when appropriate), family members/carers and the social worker.

### **OVERALL AIM OF THE PLAN AND TIMESCALES FOR PROVIDING SERVICES/CARRYING OUT ACTIONS (Include details of what needs to change)**

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**CHILD/YOUNG PERSON'S DEVELOPMENTAL NEEDS: HEALTH**

All actions and services being provided to meet the child/young person's health needs should be included in this section. For example, actions by parents/carers and other professionals.

Child/young person's identified developmental needs, strengths and difficulties	How will these needs be responded to: <i>actions undertaken &amp;/or services to be provided</i>	Frequency & length of service: <i>e.g. hours per week</i>	Person/agency responsible	Date services to commence/commenced	Planned outcome: <i>progress to be achieved by next review or other specified date</i>	Outcome at Review

**CHILD/YOUNG PERSON'S DEVELOPMENTAL NEEDS: EDUCATION**

Some children and young people may have a statement of Special Educational Needs. With the agreement of Education, the actions and services identified in the statement may be included in the Child's Plan. This will then enable an inter-agency support plan for the child/young person to be produced.

Child/young person's identified developmental needs, strengths and difficulties	How will these needs be responded to: <i>actions undertaken &amp;/or services to be provided</i>	Frequency & length of service: <i>e.g. hours per week</i>	Person/agency responsible	Date services to commence/commenced	Planned outcome: <i>progress to be achieved by next review or other specified date</i>	Outcome at Review

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**CHILD/YOUNG PERSON'S DEVELOPMENTAL NEEDS:  
EMOTIONAL AND BEHAVIOURAL DEVELOPMENT**

Where a child or young person is receiving services from a Child and Adolescent Mental Health Team in relation to behavioural and emotional needs, the level of service should be recorded in this section of the plan.

Child/young person's identified developmental needs, strengths and difficulties	How will these needs be responded to: <i>actions undertaken &amp;/or services to be provided</i>	Frequency & length of service: e.g. <i>hours per week</i>	Person/agency responsible	Date services to commence/commenced	Planned outcome: <i>progress to be achieved by next review or other specified date</i>	Outcome at Review

**CHILD/YOUNG PESON'S DEVELOPMENTAL NEEDS: IDENTITY**

Child/young person's identified developmental needs, strengths and difficulties	How will these needs be responded to: <i>actions undertaken &amp;/or services to be provided</i>	Frequency & length of service: e.g. <i>hours per week</i>	Person/agency responsible	Date services to commence/commenced	Planned outcome: <i>progress to be achieved by next review or other specified date</i>	Outcome at Review

**Child/Young Person's Plan (CIN/CP)**

**CHILD/YOUNG PERSON'S DEVELOPMENTAL NEEDS:  
FAMILY AND SOCIAL RELATIONSHIPS**

Child/young person's identified developmental needs, strengths and difficulties	How will these needs be responded to: <i>actions undertaken &amp;/or services to be provided</i>	Frequency & length of service: e.g. <i>hours per week</i>	Person/agency responsible	Date services to commence/commenced	Planned outcome: <i>progress to be achieved by next review or other specified date</i>	Outcome at Review

**CHILD/YOUNG PERSON'S DEVELOPMENTAL NEEDS:  
SOCIAL PRESENTATION**

Child/young person's identified developmental needs, strengths and difficulties	How will these needs be responded to: <i>actions undertaken &amp;/or services to be provided</i>	Frequency & length of service: e.g. <i>hours per week</i>	Person/agency responsible	Date services to commence/commenced	Planned outcome: <i>progress to be achieved by next review or other specified date</i>	Outcome at Review

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**DEVELOPMENTAL NEEDS:  
SELFCARE SKILLS**

Child/young person's identified developmental needs, strengths and difficulties	How will these needs be responded to: <i>actions undertaken &amp;/or services to be provided</i>	Frequency & length of service: e.g. <i>hours per week</i>	Person/agency responsible	Date services to commence/commenced	Planned outcome: <i>progress to be achieved by next review or other specified date</i>	Outcome at Review

**PARENTING CAPACITY**

This section records the actions to be taken and the services to be provided to address needs and difficulties and support strengths identified in relation to parenting capacity i.e. Basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability.

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**FAMILY AND ENVIRONMENTAL FACTORS**

This section records the actions to be taken and services to be provided in relation to family and environmental factors i.e. family history and functioning, the wider family, housing, employment, income, the family's social integration, and community resources.

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## Child/Young Person's Plan (CIN/CP)

### VIEW OF ALL PARTIES

The objectives of the plan and how they will be achieved should have been discussed with all interested parties/agencies.

Child/young person/family members/agencies who are party to the plan:

Name (please print)	Relationship to child/young person or role	Agency	Contact Number	Signature	Please X if a Core/Planning Group member	Date copy of plan received
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

Agreed date for the next review:
Lead professional/agency for this review:
Name:
Designation:
Agency:

If the overall aim and contents of the plan have not been discussed with any of the parties/agencies concerned, please give reasons:

What steps will be taken and who is responsible if any party/agency wants to alter any aspects of this plan?

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**CHILD/YOUNG PERSON'S COMMENTS**

Please record any areas of disagreement. These may need to be recorded separately if the child/young person does not wish them to be shared with their parent(s).

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**PARENT/CARER'S COMMENTS**

Please record any areas of disagreement.

**I have seen the contents of this plan:**

Child/young person's signature	Date
Parent/carer's signature	Date
Parent/carer's signature	Date

**For Child Protection Plans:**

Parent's informed of outcome of the conference:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If No when will this be done:				
Child/young person informed of outcome of the conference:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If No when will this be done:				
Other action(s) (please specify):				
Social Worker's signature:	Date:			