CHILD PROTECTION PLANS

Making a CP Plan is a multi-agency responsibility and **everyone** attending a CP Planning meeting or core group has a responsibility to check the plan after it is produced to ensure that it addresses the needs of, and risks to the child. Any concerns about the quality of the plan should be escalated via line managers. If concerns about the plan are not addressed then the Lead Officer for Child Protection should be notified.

What is a CP Plan for?

CP plans:

- Specify the risks to the child;
- Detail how agencies will work with the child and family to reduce risk;
- Identify who will do what;
- Identify measurable outcomes for the **child** that are expected to result from agency intervention;
- Specify a timescale for improvement;
- Are a tool for working with families – parents/carers should be clear about what is expected of them and what they can expect from professionals. They should be able to understand when outcomes are achieved or why there are still professional concerns.
- Are a tool that should be used in supervision.
- Must be regularly reviewed and updated by the core group with the family

Interventions:

- Professional contact has to have a purpose – parents have to understand why professionals are visiting or they are attending meetings.
- Parents should not be overwhelmed by professional interventions. Too many professionals and too many interventions at once may lead to parental dis-engagement, the opportunity to play professionals off against each other or parents receiving mixed messages.
- If the interventions do not produce the desired outcomes or the situation gets worse the core group needs to consider whether:
  a) The intervention was inappropriate e.g. some types of personality disorder mean that group work is unlikely to be successful and a more appropriate intervention needs to be identified;
  b) The risks to the child are so great that other action needs to be taken;
  c) The intervention needs more time and the timescale needs to be extended (this should not be indefinitely)

Outcomes:

- Must evidence a reduction in risk to the child or an improvement in the child's circumstances. Most professional input is likely to be with the parents but the impact of that input on the child's circumstances is what is important. There must be evidence that this improvement can be sustained.
- Referrals to agencies are **NOT** outcomes

Example

Professionals are concerned that Betty (7) will suffer significant harm due to neglect because of her parents' substance misuse. She is often late for school and her attendance is 67%, dressed inappropriately for the weather, tired and hungry and not taken for medical appointments.

CHILD PROTECTION PLAN

Child's Name	DOB	Address	Date of plan	Date of next Core Group
Betty Smith	Age 7	10 Elf Street, Livingston	01.03.23	14.03.23

People responsible for the Plan (Core Group)

Name	Relationship to child	Agency	Address	E-mail address	Tel. No	Present
Harriet Hill	Lead Professional Social Worker	Social Work				Yes
John Stevenson	Headteacher	Education				Yes
Melanie Andrews	Addictions Worker	NHS				Yes
Billy Jones	School Nurse	NHS				Yes
Megan Charles	Support Worker	Families Together				Yes
Suzi Smith	Mother					Yes
Tom Smith	Father					Yes

Identified Risks to child/ren	Action required to reduce risks (Detail tasks to be done)	What is the action expected to achieve? (Anticipated outcome for child)	Person Responsible	Frequency of Contact	Timescale
Risk factor: Parental substance misuse Risk to child: neglect (tired, hungry, absent from school, not taken to medical appointments)	Stabilise parents on methadone Programme	Parents meet Betty's basic needs. Betty is clean, fed, attending school 95% time, ready to learn, appropriately dressed, not tired. Betty is taken to all health appointments	Melanie Andrews & parents	Weekly	3 months – progress to be reviewed at every core group
	Work with parents to provide boundaries, routines and plan meals		Megan Charles & parents	Twice Weekly Joint visit with SW fortnightly to discuss progress	
	Monitoring of presentation and listening to child		John Stevenson	Daily (Term time)	
	Remind parents and FT Worker of all health appointments		Billy Jones	As required	

Parents are clear about the focus of the work with them

Core group may wish to increase this to 100% as plan progresses

This is a good outcome for parents but it must have a positive impact on the child's circumstances

Professionals and parents are clear about what will indicate improvement (measurable)

Responsible for speaking to child, observing & recording presentation, attendance & views of child

Clear timescale for stabilisation on methadone & meeting Betty's needs