



MULTI-AGENCY SUPPORT HUB (MASH) LEAD PROFESSIONAL (LP) TEAM AROUND FAMILY (TAF) PROCESS



Guernsey and Alderney Multi-Agency Support Hub (MASH) Contents Page

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Guernsey and Alderney Multi-Agency Support Hub (MASH)

Guidance on the role of the Lead Professional (LP) and the Team Around the Family (TAF)

The Lead Professional (LP) Role

The Lead Professional will be allocated when a child has two or more services which need to be co-ordinated to ensure that their needs are met. There should be only one Lead Professional and one Child's Plan. Where the MASH identifies a need for a Lead Professional and Team Around the Family and there's already a plan in place through other services, the Lead Professional should be the professional who is best placed to meet the most pressing need for the child (this will be the clear outcome identified in the Child's Plan).

Key Tasks

In the short term, a Lead Professional allocated through the MASH has three core functions:

- Act as a single point of contact for the child or young person and family.
- Co-ordinate the delivery of the actions agreed.
- Reduce overlap and inconsistency in the services received.

In the longer term, the following are examples of the tasks a Lead Professional may need to carry out to deliver the three core functions:

- Build a trusting relationship with the child or young person and their family (or other carers) to secure their engagement in the process.
- Be the single point of contact for the child or young person and family, and a sounding board for them to ask questions and discuss concerns. (In most cases, other practitioners will also need to make contact with the child, young person or family and it will be important for them to keep the Lead Professional informed of this).
- Be the single point of contact for all children and young people's workforce practitioners who are delivering services to the child or young person (including professionals across wider integrated working) to ensure that the child or young person continues to access this support.
- Convene the TAF meetings to enable integrated multi-agency support in the delivery of services.
- Co-ordinate meeting the outcomes identified within the Child's Plan and ensure progress is reviewed regularly – initially after six weeks and then three monthly until all needs are met, unless there are specific needs or urgency.
- Identify as part of the TAF where additional services may need to be involved and broker provision through the Child's Plan and/or TAF review.



- Continue to support the child, young person or family, as appropriate if specialist assessments are needed and ensure joint assessment, planning and reviewing as appropriate.
- Support the child or young person through key transition points (eg between children and adult services, between early years and primary school or primary school and secondary school).
- Ensure a safe, careful and planned 'handover' takes place if it is more appropriate for someone else to become the Lead Professional. This should be through a TAF review where the child or young person and/or parent/carer are present and should include a clear outcome and timescale.
- Where the tribunal is involved, present the plan if necessary.

Who can be a Lead Professional?

Many practitioners in the children and young people's workforce can be a Lead Professional.

The following list gives some **examples** of who may take on the role:

- | | |
|-------------------------------|-------------------------------------|
| • Social Workers | • School Attendance Service workers |
| • Health Visitors | • Youth Justice Team Workers |
| • School Nurses/Nurses | • Family Support Workers |
| • Community Children's Nurses | • Social Worker Assistants |
| • School Support Staff | • Youth Workers |
| • Learning Mentors | • SENCO |
| • Teacher/Specialist Trainers | • Educational Psychologists |
| • Speech Therapists | • Clinical Psychologists |
| • Therapists | • Paediatricians |
| • Midwives | • Police Officers |
| • Early Years Worker | |
| • Volunteer Sector workers | |

Skills to be a Lead Professional

The Lead Professional can come from across the children's workforce or partner agencies.

Being a Lead Professional does not imply that the person does all the work and is singly accountable. The Lead Professional will ensure that the TAF is working together effectively and tracking progress. All TAF members are collectively accountable for the welfare of the child or young person.



The Lead Professional:

- Does not need any particular qualifications.
- Does not have to be an 'expert' in everything.
- Is the person responsible for convening the TAF meeting if it is required – there may be a legitimate reason for agreeing to change the Lead Professional at the TAF meeting.
- Is not responsible or accountable for the actions of the other practitioners or services within the TAF. The Lead Professional is accountable to their home agency/team manager for delivering the Lead Professional role and their service provision from their home agency as agreed in the delivery plan.
- Will have support mechanisms and safeguarding structures in place, (ie is an Island Child Protection Committee (ICPC) member agency) to resolve any issues; for example, other services failing to deliver on agreed actions, as agreed through their line management.

Whatever the practitioner's background, emerging practice suggests that there is a key set of knowledge and skills needed to deliver the Lead Professional role.

Knowledge	Knowledge and skills are under pinned by key skills in:	Skills
Knowledge of the principles behind the Child's Plan and joint agency working	Effective communication eg <ul style="list-style-type: none"> • Providing information • Giving and receiving feedback • Offering clarification • Interpretation and challenge • Empathy • Diplomacy • Sensitivity • Negotiating • Encouraging the child or young person and family's self-directed problem sharing • Planning, organisation and co-ordination • Critical and innovative thinking 	Ability to: <ul style="list-style-type: none"> • Establish a successful and trusting relationship with the child or young person and family
Knowledge of local and regional services for children, young people and families and how to access them or where to go for information – e.g. Local Services Directories		
Understanding of the child or young person's strengths and needs		<ul style="list-style-type: none"> • Support the child or young person and family to achieve their potential
Understanding of information sharing, consent and issues around confidentiality		<ul style="list-style-type: none"> • Empower the child or young person and family to make decisions including challenging them when appropriate
Understanding of the Lead Professional role		<ul style="list-style-type: none"> • Convene effective multi-agency meetings and initiate discussions with relevant practitioners
Understanding the boundaries of their own skills and knowledge		<ul style="list-style-type: none"> • Work effectively with practitioners from a range of services



What does a 'Good' Lead Professional look like?

A 'good' Lead Professional will be conscientious and solution focussed. They will be clear about their role and its boundaries and aware of the monitoring requirements of the TAF.

Moreover, they will ensure that:

- There is no overlap and/or inconsistency in the interventions in the Child's Plan.
- The TAF reviews are completed on time – 6 weeks initially and 3 months thereafter, or as more frequently considered appropriate.
- The TAF meeting always demonstrates that the voice of the child or young person is clearly heard – if the child or young person cannot attend then their views are brought/sought by the Lead Professional.
- They ensure that there are as few professionals as possible delivering interventions to the child or young person by encouraging consultancy with other colleagues.
- The common consent is always updated if information or requests for interventions are made.
- The boundaries of the role are understood fully by the child or young person and/or parents/carers.
- They have contact details for all TAF members.
- They will explore opportunities to find no/low cost solutions to meeting unmet needs.
- The child or young person and/or parents/carer have actions on the Child's Plan and ensure they agree to them.
- They remind the child or young person when appointments are coming up and check that they have made the necessary arrangements.
- Transitions are anticipated and TAF meetings are planned well in advance, with additional members invited as appropriate.

As a Lead Professional you will need to:

- Always ensure that the family and other workers involved in the case have your contact details.
- Make sure you have the contact details of the other practitioners.
- Set a review date at the first TAF meeting.
- Plan your contacts with the child or young person and family so they know you will be actively involved.
- Check back with the child and family at regular intervals to see how it is going.
- Remember, you are part of a team working collaboratively with the family – you are not expected to do everything!
- Be clear about the circumstances in which other practitioners will need to contact you; for example, if the family is not co-operating with an aspect of the Child's plan and the practitioner needs your input and support. This is the point at which advice should be sought from the Convenor.
- Be prepared to reconvene a TAF meeting if things are not going according to plan.



- If another practitioner is not carrying out their contribution as agreed, raise this with them first and find the reason. Hopefully, this will focus them back on the Child's Plan. If this continues, raise it with your manager who will need to speak to the other practitioner's manager.

Choosing a Lead Professional

Children or young person and/or their parents/carers must never be put in a position where there are disagreements or confusion around the allocation of the Lead Professional. The application of clear criteria can make the decision making easier and reduce any embarrassment for the child or young person and/or their parent/carer. Reference should be made to the Risk Assessment Tool for example.

These criteria include:

- The predominant needs of the child or young person or their family.
- The level of trust is built up with the child or young person or family.
- The wishes of the child or young person or family.
- The person with primary responsibility for addressing the needs of the child or young person or family.
- A clear statutory responsibility to lead the work with the child or young person or family.
- A previous or potential ongoing relationship with the child or young person.
- The appropriate skills, ability and capacity to provide a co-ordinating role in relation to other professionals involved with the child, young person or family.

Whilst the Lead Professional role will begin with the completion of the Child's Plan, it does not necessarily follow that the role will remain with the Lead Professional initiating the TAF meeting.

Often children and their families will have a view of who they would like to be the Lead Professional and this should ideally be discussed with them prior to a TAF meeting.

Quality Supervision

Supervision can have different meanings in different agencies. In the context of the Lead Professional, line management supervision ensures that practitioners are encouraged and supported to work effectively to deliver the functions of the Lead Professional role.

Supervision supports practitioners to:

- Ensure that children or young people are safeguarded.
- Reflect on and evaluate their work as a Lead Professional.
- Reflect on and evaluate their work as a TAF member.
- Engage with broader issues, developments and priorities.
- Identify support, training and development needs.



All practitioners undertaking the Lead Professional role (whether working full-time or part-time) should receive regular supervision. This is to help reflect on case work, workload, training and development needs. Where arrangements for line management supervision do not currently exist, options will need to be explored with your manager, eg peer supervision or group supervision and this would have to be arranged. It will not be appropriate for you to be a Lead Professional unless you have access to supervision.

All practitioners need to ensure that they are familiar with their own agency's supervision policy.

Capacity and Workload

Clearly, the time taken up by the Lead Professional role will vary according to the complexity of the child or the young person's needs, the number of practitioners involved and the duration of the involvement.

Being the Lead Professional can be more time-intensive than being a supporting TAF member in the same case. However, the Lead Professional will not always be the same person and the time pressures involved in delivering the role can be offset against other cases that professionals may be involved in, where the demands on time are less significant.

Team Around the Family (TAF)

Team Around the Family (TAF) is a model of managing multi-agency provision in a way that makes sense to children/young people and their families. This keeps the child and their needs at the centre of what we do. The TAF brings together a range of different practitioners to support an individual child or young person and/or their parents/carers. Members of the TAF meet with the family to agree the content of the plan and what solutions are to be developed and implemented. It is important that the child or young person and parents/carers are included in the TAF meeting and reviews.

The model does not imply a multi-disciplinary team that is located together all the time; rather it suggests a group of practitioners working together as needed to help a particular child or young person.

All agencies who have signed up to this protocol will ensure that professionals attend TAFs, as and when invited.

The TAF model is based on the ethos that a flexible workforce is essential if children services are to be able to meet the diverse needs of each and every child or young person. TAF places the emphasis firmly on the needs and strengths of the child or young person, rather than on organisations or service providers. It reinforces the 'working with' rather than 'doing to' the child or young person and their parents/carers.

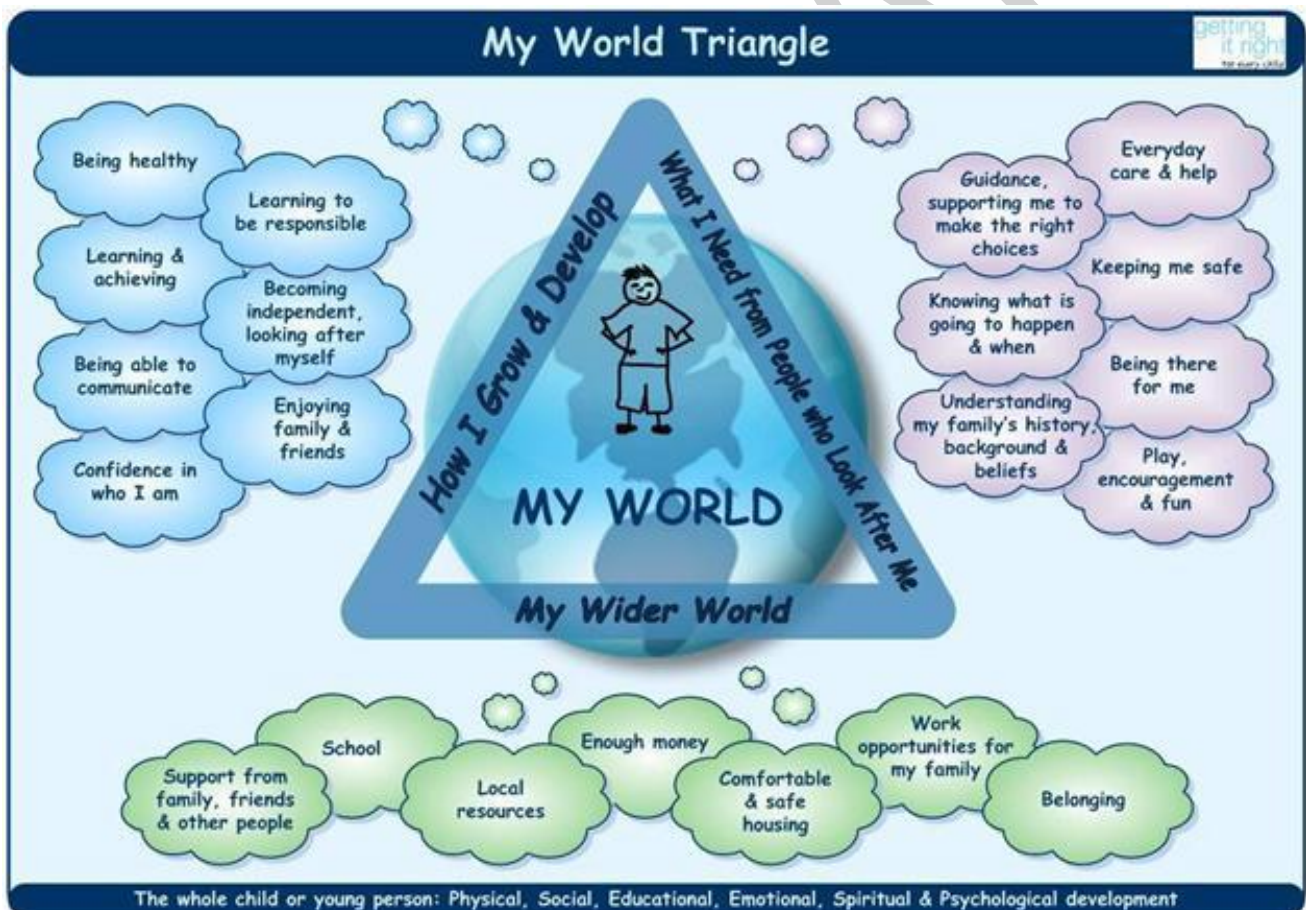


This should be through the Child's Plan which is based on the 'My World' triangle.

Each practitioner in the TAF is accountable to their home agency for the interventions they deliver. They share the responsibility with the Lead Professional and the other members of the TAF.

In addition:

- TAF members are jointly responsible for developing and delivering the Child's Plan and achieving the intended outcomes.
- Each member of the TAF is responsible for delivering the activities they agreed to carry out as part of the Child's Plan and therefore need to clarify with their manager prior to the TAF meeting the capacity available.



- Each member of the TAF is responsible for keeping the Lead Professional and other members of the team informed as appropriate about progress in their area of responsibility, providing reports promptly when requested and by attending TAF review meetings.



- TAF members should contribute to taking minutes and chairing meetings as necessary.
- TAF members should support the Lead Professional by providing information, offering guidance and advice.
- TAF members should contribute actively and positively to solving problems or resolving difficulties both at the TAF meeting and subsequently.

In order to ensure that these activities are well co-ordinated, and there is clear communication with the child or young person and family, the MASH identifies (with input from the child or young person and family) a particular practitioner who will act as the Lead Professional. The Lead Professional completes the Assessment and convenes the TAF and will lead the TAF meeting. The Lead Professional may change or stay the same at the first TAF meeting and subsequent TAF review meetings.

When transitions take place, for example, the transition from primary to secondary school, it is advisable to hold a TAF review to ensure there is continuity of provision, continued integrated working and a handover of the Lead Professional role if required.

It is crucial to minimise the number of professionals providing interventions for the child or young person. Therefore, professionals in a TAF need to ask themselves whether they could provide the work with the child or the young person themselves. Could consultation be sought from other practitioners to provide support to be able to do so?



Chairing a Team Around the Family (TAF) Meeting

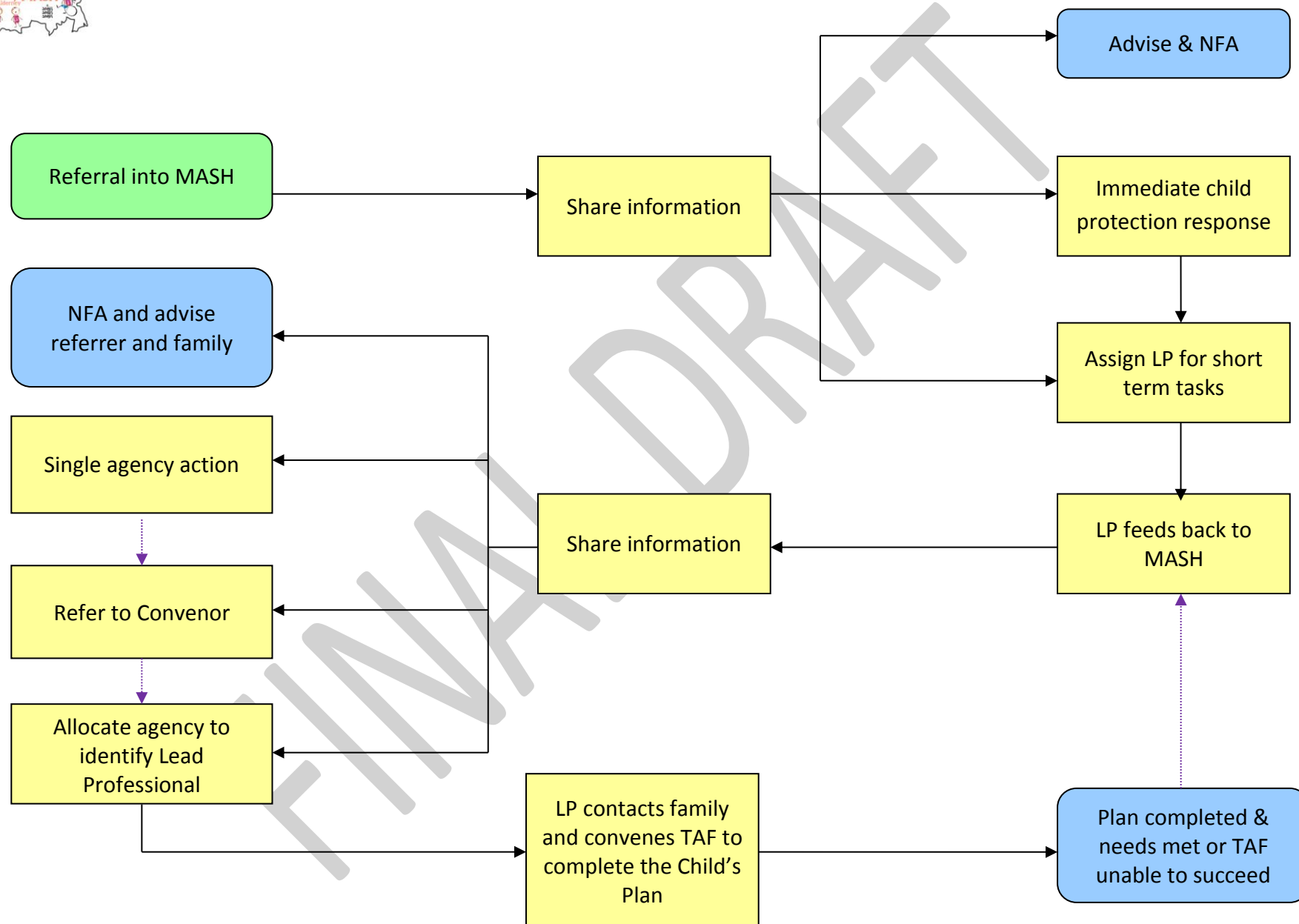
The chair's checklist should form the framework for all TAF meetings to establish consistency.

TAF – Chair's Checklist	
1.	Welcome and Introductions: Meet family and bring into TAF "Family most important."
2.	Housekeeping: <ul style="list-style-type: none"> • Point out any jargon • Mobile phones off/silent • Toilets/Fire alarm • Break if family need it
3.	Explain the Process: <ul style="list-style-type: none"> • Meeting takes no longer than an hour • Ask who is already involved • Draw up Action Plan
4.	Ask who is or who has been involved: Don't allow a full discussion, this can take place in the 'Pressures' Section
5.	Strengths: Outline Strengths from Child's Plan then ask child/family. Ask others around the table
6.	Pressures: Outline Pressures from Child's Plan then ask child/family. Ask others around the table
7.	Actions: Make sure child/family have at least one action
8.	Check that everything has been covered. Check that the family are happy with the action plan and understand what is to happen
9.	Parental Consent to circulate the Child's Plan before it is signed: Will be circulated within 2 weeks of the meeting
10.	Close the meeting: Thank everyone for attending
11.	Parental Evaluation

Encourage an inclusive meeting where children, young people and families are empowered, respected and not judged.

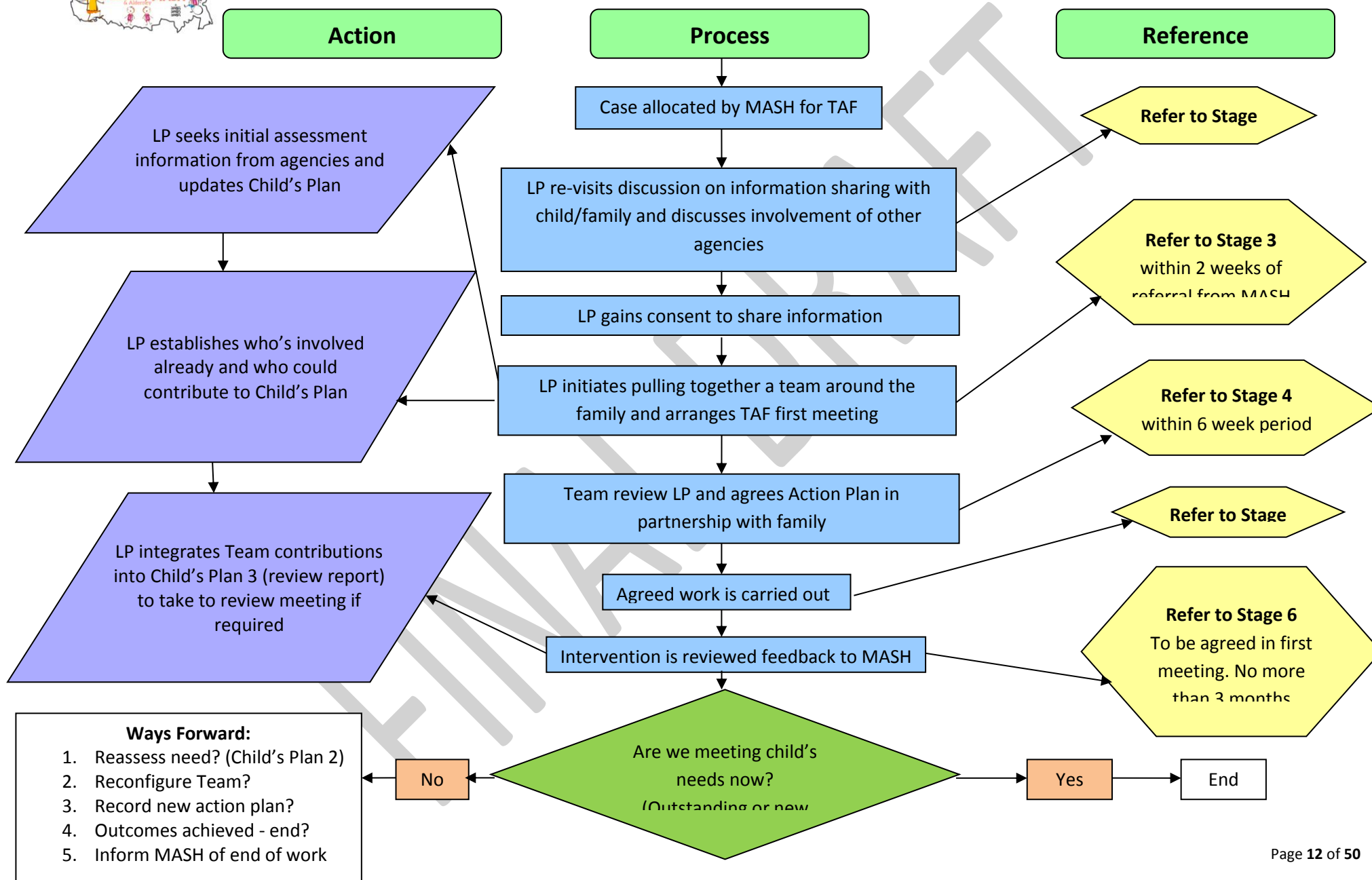


MASH Lead Professional (LP)/Team Around Family (TAF) process





Multi-agency Involvement - Lead Professional (LP) and Team Around the Family (TAF)





Stage 2: Engagement with the People Involved Contents - Within 2 Weeks of Referral from Mash.

You must:

- Agree the Lead Professional.
- Gain and record consent to share information.
- Record the views, wishes, goals and intentions of those involved.
- Reach agreement about further action and from which services to seek involvement ie:
 - Is another agency already involved?
 - Is the 'need' likely to involve more than one agency?
 - Which services might be able to contribute?
- Discuss the above with those involved.
- Check wishes, views and intentions.
- Gather information and views.

Questions to consider:

- What do those involved think and feel about this? Why?
- Are they aware of other, possibly connected, needs?
- Is anybody already doing something about this?
- What kinds of help would those involved find helpful?
- What can they contribute to understanding and addressing need?
- Do they want information to remain confidential?

Tools/resource links to consider:

- Involvement of Children and Young People
- Local Integrated Assessment and Planning within the Model of thresholds for Intervention
- Consent and Confidentiality – Key Principles
- 'Having My Say' Forms
- Local Integrated Assessment and Planning Procedures leaflets



Stage 3: Planning an assessment

The Team must:

- Not delay any urgent or preventative action that has been agreed.
- Record the plan for assessment – agree who will do what, by when, how etc.
- Ensure the child's/young person's views and wishes are represented (with support if required by a trusted adult chosen by the child or professional).
- Contact the agencies from which you have agreed to seek help.
- Provide the information they need to decide what they can contribute.
- Agree a plan of who will do what in order to obtain a complete picture of the child's/young person's needs and situation.

Questions to consider:

- Who might the child/young person find it easiest to talk to?
- Is it appropriate to have a meeting?
- Would the child/young person want to attend a meeting?
- Who would the child/young person choose to speak on their behalf?
- Does the child/young person or parent have any communication difficulties? If so, what can I do to support their participation?
- How will the 'My World' Assessment Triangle be used in an Assessment? Who will be responsible for which aspects of it? How will the family be involved etc?

Tools/resource links to consider:

- 'My World' Assessment Triangle
- Child's Plan – Forms and Guidance documents
- Roles and Responsibilities



Stage 4: Undertaking an assessment Contents - within 4 - 6 weeks

The Team must:

- Review a Lead Professional for the next stage; to co-ordinate the Child's Plan; ensure agreed actions are implemented; keep in touch with developments; keep people informed of developments; co-ordinate the Team around the Family.
- Ensure the action plan is clear and complete – ie identifies need, outcomes and indicators and records agreed actions.
- Ensure everyone gets heard.
- Reach agreements about assessment, outcome objectives and action (in a meeting if appropriate).
- Record their assessment information (CSP/Child's Plan).
- Pass their information to the Lead Professional timeously.

In a meeting the Team should agree:

- What are the child's/young person's needs?
- What outcomes, in relation to the child's/young person's needs, are we trying to achieve?
- What information will tell us if these have been achieved (outcome indicators) or how progress towards these will be measured?
- What action, and by whom, will help us achieve the outcome?
- What resources are required? (Check in-house and external availability)
- What timescale(s) are we setting?
- To use a Solution Oriented approach to reaching agreement.

Questions to consider:

- What situation led to the needs being identified?
- What kind of action, and by whom, would enable changes to be made?
- How will the 'My World' Assessment Triangle be used – who will be responsible for which aspects etc? How will the family be involved? etc

Tools/resource links to consider:

- 'My World' Assessment Triangle
- Child's Plan – Forms and Guidance documents
- Roles and Responsibilities
- Local Integrated Assessment and Planning – Meetings – key principles and agreement form
- Solution Oriented approaches



Stage 5: Delivering an integrated action plan - commence after meeting

Remember:

- The Lead Professional is responsible for co-ordinating the action plan, and the Team Around the Family is responsible for ensuring their contribution and commitment
- Individual Team members should not take unilateral action at variance with the plan – amendments must be agreed by the Team (including the child/young person and parent).

You must:

- Do the work that was agreed.
- Use resources, tools and measures that were agreed.
- Keep the Lead Professional updated of any concerns or barriers to work being carried out; or of any potential requirements for an urgent change to the action plan, i.e. child protection concerns; an offence being committed; care arrangements for the child/young person breaking down etc.
- Record your observations of progress or deterioration.

Tools/resource links to consider:

- Information Sharing principles
- Child's Plan – Form and guidance documents



Stage 6: Review and Evaluation

The Team must:

- Manage the end of service involvement and of significant relationships.
- Recognise and appreciate achievements and actions.
- Produce a revised action plan if required.
- Revise the assessment if required.

Questions to consider:

- Have we done what we said we would do?
- To what extent have we achieved the outcomes that we set?
- What other developments have taken place?
- What, if any, are the unmet needs of the child/young person now?
- What could be done, and by whom, to address these unmet needs?

Tools/resource links to consider:

- Getting it right for every child Audit Tool and Standards
- Feedback forms – professionals, children, young people, parents



Model of Thresholds for Intervention - examples

The following is a guide to the remits and responsibilities of different agencies with regard to their intervention with children and young people

	Family and Community	Universal Services - ALL children	Enhanced Support - Early Intervention	Additional Needs - Targeted Support	Children with Complex Needs - Longer Term Support	Children with Critical and High Risk Needs
HEALTH	Services offer advice, information and sign posting as and when required by families and the community.	School Nurse, Health Visitor, GP, Dentist, Optician, hospital, immunisations, health advice, baby massage.	Referrals to Speech & Language Therapist (SALT), Physiotherapy, Occupational Therapy (OT), Developmental Concerns Group, Health Visiting & School Nursing Services, Home-Start.	Health Visitor and School Nurse input combined with multi-agency working, other agency 'referrals' ie Physiotherapy, Occupational Therapy (OT), Speech & Language Therapy (SALT), Children's Dental Service (CDS), Paediatrician, Parenting Groups, Child Adolescent Mental Health (CAMHS).	SALT, Physiotherapy, OT, Paediatrician, CAMHS, Guernsey Parenting Partnership (GPP), CDS, CDT	Partnership working as a multi agency approach eg Paediatrician.



	Family and Community	Universal Services - ALL children	Enhanced Support - Early Intervention	Additional Needs - Targeted Support	Children with Complex Needs - Longer Term Support	Children with Critical and High Risk Needs
SOCIAL WORK	Services offer advice, information and sign posting as and when required by families and the community.	Advice, information and signposting.	Advice, information and sign posting, possibility of family support care and Kindred Centre.	Initial assessment of need leading to short term intervention by Social Worker or sign posting; care plan identified, possibly with partner agencies eg Action for Children/The HUB.	Integrated assessment, care plan identified and allocated as appropriate. Service provided by Social Worker on a statutory or voluntary basis.	Integrated assessment - intervention and care plan identified - multi-agency working place, objectives agreed. Service provided by Social Worker on a statutory or a voluntary basis.



	Family and Community	Universal Services - ALL children	Enhanced Support - Early Intervention	Additional Needs - Targeted Support	Children with Complex Needs - Longer Term Support	Children with Critical and High Risk Needs
EDUCATION	<p>Services offer advice, information and sign posting as and when required by families and the community.</p>	<p>Schools undertake normal planning for pupils, Strategies are devised to address needs and progress is reviewed.</p>	<p>Further accommodations are made. The teacher consults with and seeks help from within school support systems. A plan is made, in consultation with parents and children. An IEP must be made where significant and sustained intervention is required to meet Educational Objectives. Support from other agencies will be short term or low level. Multi-agency integrated planning would not be anticipated.</p>	<p>Needs not met, school consults parent and child then seeks assistance from services out with the school to assess and plan for longer term input eg DPS, SAS, Les Voies Inclusion Service (CAS) and Sensory Services and other professionals internal or external to schools. A new plan is made. Plan is reviewed.</p>	<p>Where the difficulties are severe and persistent and where a high level of involvement is required from external agencies, interagency assessment and planning governed by the EPS procedures must be undertaken eg as in other multi agency stages, a key person must be identified to co-ordinate planning (a Lead Professional) and families are central to this stage.</p>	<p>Where difficulties continue to be experienced, alternative supports will be considered. Reviewing the plan under the EPS procedures, the Team are around the family will re-assess the need and adapt the plan accordingly.</p> <p><u>*Refer to Education's Staged Intervention Procedures for further information</u></p>



	Family and Community	Universal Services - ALL children	Enhanced Support - Early Intervention	Additional Needs - Targeted Support	Children with Complex Needs - Longer Term Support	Children with Critical and High Risk Needs
POLICE	Services offer advice, information and sign posting as and when required by families and the community.	Police have a duty to prevent crime, preserve order, protect life and property, Community policing, Emergency assistance, Schools Liaison Officers.		Police participate in integrated and partnership working, sharing information with partner agencies to assist in integrated assessment and planning, child protection investigations.		
VOLUNTARY SECTOR eg Action for Children, HUB, Home-Start	Services offer advice, information and sign posting as and when required by families and the community.	Advice and information, voluntary programme of low level support.		Action for Children etc. To complete.		

Please note: the above grid is not exhaustive and only provides exemplars for practice



Child's Plan – Key Components

The Child's Plan is **the** core assessment tool for agencies when planning to address and meet the needs of a child or young person on a single agency or multi agency basis beyond the threshold as described above. It will be started by the professional identifying the need and parts 1 and 2 will be completed as appropriate.

What is the purpose of the Child's Plan?

- To provide one single Child's Plan format for all agencies.
- To help those involved think about and record what children/young people need.
- To commit to improve a child's/young person's wellbeing and development.
- To clarify what will be done, how, by whom, by when and how it will be measured.
- To monitor and evaluate progress.

Who should complete the Child's Plan?

The Professional initiating the process should **start** to complete Child's Plan 1 to the best of his/her knowledge of the child/family and the situation. When a Lead Professional is identified (see elsewhere in the Procedures), he/she should co-ordinate its completion. It is **not** the sole responsibility of the Lead Professional to complete the Child's Plan. It **is** the responsibility of the Lead Professional to integrate the contributions of all those involved in the planning process. Every individual involved in assessment and planning has a responsibility to contribute. This Team around the Family is accountable individually and as a group for the Child's Plan.

Who should be involved in completing a Child's Plan?

- Children/young people.
- Parents/carers.
- Professionals.
- Other people identified as important – ie extended family members, relevant community members, or those identified as important by the child. Their involvement will depend on the nature and extent of planning.

How many Child's Plans should there be?

One child: One Plan. Every agency is required to use the Child's Plan. It is not a one-off document. The level of detail should match the complexity, concerns or needs identified. Specific assessments should be integrated throughout to give a holistic view of the Child/Young Person.

Who should the Child's Plan be shared with?

It should be shared with all those who have contributed to it.



Can the child/young person or his/her parent appeal against the Child's Plan?

Parents and children or young people always have a right to make a complaint if they feel a particular service is not being delivered as agreed and their views must be taken into account.

How long does the Child's Plan last?

The Child's Plan will stand until it requires to be amended or re viewed. This is dependent on the need, the exposure to risk and any statutory requirements placed on it. Reviews should be agreed by the Team, led by the Lead Professional, and occur as often as necessary to address ongoing issues.

FINAL DRAFT



How the child/young person grows and develops

In order to understand fully how a child or young person is growing and developing, it is important to consider all aspects of a child's/young person's life, including their health, education, developing social skills, confidence, independence, and the ability to form appropriate relationships.

Being Healthy

This includes full information about all aspects of a child's health and development, relevant to age and stage; developmental milestones; major illnesses; hospital admissions; impairments, disabilities, conditions affecting development and health; health care, including nutrition, exercise, physical/mental health issues, sexual health, substance abuse. Information routinely collected by health services connects here.

Learning and Achieving

This includes cognitive development from birth, learning achievements and the skills and interests which can be nurtured; additional support needs; achievements in leisure, hobbies, sport. Who takes account of the unique abilities and needs of this child? Learning plans and other educational records will connect here.

Being able to communicate

This includes development of language and communication; being in touch with others; ability to express thoughts, feelings and needs. What is the child's/young person's preferred language or method of communication? Are there particular people with whom the child communicates? Are aids to communication required?

Confidence in who I am

Child's/young person's temperament and characteristics; nature and quality of early and current attachments; emotional and behavioural development; resilience, self-esteem; ability to take pride in achievements; confidence in managing challenges, opportunities; difficulties appropriate to the age and stage of development; appreciation of ethnic and cultural background; sense of identity which is comfortable with gender, sexuality, religious belief; skills in social presentation.

Learning to be responsible

Learning appropriate social skills and behaviour; values; sense of right and wrong; consideration for others; ability to understand what is expected and act on it; key influences on the child's social development at different ages and stages.



Becoming independent, looking after myself

The gradual acquisition of skills and confidence needed to move from dependence to independence; early practical skills of feeding, dressing etc; engaging with learning and other tasks; acquiring skills and competence in social problem solving; getting on well with others; moving to independent living skills and autonomy. What are the effects of any impairment/disability or of social circumstances and how might these be compensated for?

Enjoying family and friends

Relationships that support, value, encourage and guide the child/young person; family and wider social networks; opportunities to make and sustain lasting significant relationships; encouragement to develop skills in making friends; to take account of the feelings and needs of others and to behave responsibly.



What I need from people who look after me

It is important to build a picture of the ability of the parents or caregivers to understand and meet the needs of children/young people and to respond adequately to them. Family circumstances and histories can have a huge impact on the confidence and ability of parents to look after their children and encourage their progress and development. Other significant relationships will crucially influence opportunities to grow and develop.

Everyday care and help

This includes day-to-day physical and emotional care, food, clothing and housing; enabling healthcare and educational opportunities; meeting the child's/young person's changing needs over time; encouraging growth of responsibility and independence.

Keeping me safe

Keeping the child safe within the home and exercising appropriate guidance and protection outside; practical care through home safety such as fire-guards and stair gates, hygiene; protection from physical, social and emotional dangers such as bullying, anxieties about friendships, domestic problems such as mental health needs, violence, offending behaviour; taking a responsible interest in the child's friends and associates, use of internet, exposure to situations where sexual exploitation or substance misuse may present risks, staying out late or staying away from home. Are there identifiable risk factors? Is the young person knowledgeable about risks and confident about staying safe?

Being there for me

Love, emotional warmth, attentiveness and engagement. Who are the people who can be relied on to recognise and respond to the child's/young person's emotional needs? Who are the people with whom the child has a particular bond? Who is of particular significance? Who does the child trust? Is there sufficient emotional security and responsiveness in the child's current caring environment?

Play, encouragement, fun

Stimulation and encouragement to learn and to enjoy life. Who spends time with the child/young person, communicating, interacting, responding to the child's curiosity, providing an educationally rich environment? Is the child's/young person's progress encouraged by sensitive responses to interests and achievements, involvement in school activities? Is there someone to act as the child's/young person's mentor and champion?



Guidance, supporting me to make the right choices

Values, guidance and boundaries; making clear to the child/young person what is expected and why. Are household roles and rules of behaviour appropriate to the age and understanding of the child/young person? Are sanctions constructive and consistent? Are responses to behaviour appropriate, modelling behaviour that represents autonomous, responsible adult expectations? Is the child/young person treated with consideration and respect, encouraged to take social responsibility within a safe and protective environment?

Knowing what is going to happen and when

Is the child's/young person's life stable and predictable? Are routines and expectations appropriate and helpful to age and stage of development? Are the child's/young person's needs given priority within an environment that expects mutual consideration? Who are the family members and others important to the child/young person? Can the people who look after him or her be relied upon to be open and honest about family and household relationships, about wider influences, needs, decisions and to involve the child/young person in matters which affect him or her? Transition issues must be fully explored for the child/young person during times of change.

Understanding my family's background and beliefs

Family and cultural history; issues of spirituality and faith. Does the child/young person have a good understanding of their own background – their family and extended relationships and their origins? Is their cultural heritage given due prominence? Do those around the child/young person respect and value diversity?



The child's/young person's wider world

Children/young people and their families are influenced and supported by their wider family, the neighbourhood and the social networks within which they live. An account of the family's community and wider world is needed to understand how a child/young person is developing and the opportunities for those who care for the child to respond to their needs. Research shows that this crucial focus is often neglected.

"We need more things to do where we live. We need swimming pools, football pitches, leisure activities which we can afford" (Young people in consultation, 2004)

"We need to be able to go out without gangs of older kids bullying us and giving us hassle" (Young people in consultation, 2004)

Support from family, friends and other people

Networks of family and social support; relationships with grandparents, aunts and uncles, extended family and friends. What supports can they provide? Are there tensions involved in, or negative aspects of, the family's social networks? Are there problems of lost contact or isolation? Are there reliable, long term networks of support which the child or family can reliably draw on. Who is significant in the child's/young person's wider environment?

School

From pre-school and nursery onwards, the school environment plays a key role. What are the experiences of school and peer networks and relationships? What aspects of the learning environment and opportunities for learning are important to the child/young person? Availability of study support, out of school learning and special interests.

Enough money

Has the family or young person adequate income to meet day to day needs and any special needs? Have problems of poverty and disadvantage affected opportunities? Is household income managed for the benefit of all? Are there problems of debts? Do benefit entitlements need to be explored? Is income adequate to ensure the child/young person can take part in school and leisure activities and pursue special interests and skills?

Comfortable and safe housing

Is the accommodation suitable for the needs of the child and family – including adaptations needed to meet special needs? Is it in a safe, well-maintained and resourced, child friendly neighbourhood? Have there been frequent moves?



Work opportunities for my family

Are there local opportunities for training and rewarding work? Cultural and family expectations of work and employment; supports for the young person's career aspirations and opportunities.

Local resources

Resources which the child/young person and family can access for leisure, faith, sport, active lifestyle; projects offering support and guidance at times of stress or transition; access to and local information about health, childcare, care in the community, specialist services.

Belonging

Being accepted in the community, feeling included and valued. What are the opportunities for taking part in activities which support social contact and inclusion eg playgroups, after school clubs, youth clubs, environmental improvements, parents' and residents' groups, faith groups? Are there local prejudices and tensions affecting the child's or young person's ability to fit in?



'Having My Say'

It is very important that you know what I think about things. If I tell you what I think, please make sure you listen to me. This will help you to make the right decisions about what to do next for me and my family:

1. Here's what I think about what's happening in my life right now:

2. Here's the words that I think describe me: *(Please tick (✓) as many as you want)*

Happy	Confident	Sad	
Friendly	Healthy	Reliable	
Helpful	Easy to talk to	Angry	
Good	Bad	Able to do things myself	
Always asking for help	Listened to	Easy to understand	
Hard to talk to	Clever	Silly	
Can be trusted	Let people down	Stupid	
Good to spend time with	Annoying	Fun	
Boring	Loving	Easy to like	
Having good friends	Have no friends	Have a few friends	
Gets bullied	Is a bully	Is safe	
Scared	Upset	Always in trouble	
Anything else? (specify)			

3. Here's what I think about my family and home life:

Good things:	Things I want to be different:



4. Here's what I think about my school life:

Good things:	Things I want to be different:

5. Here's what I think about my life outside school and home:

Good things:	Things I want to be different:

6. Here's how I think adults can help things to be different:

.....

.....

7. Here's how I think I can help things to be different:

.....

.....

8. Here's how I will know that things are getting better:

.....

.....

9. Here's who I think will notice that things are better and how:

.....

.....

10. Here's what else I want to tell you:

.....

.....

.....

My Name is: Today's date is:

I was helped by: (Worker's Name)

Their Job is: (Role)

Thank you for listening to what I have to say



Information Sharing - Key Points

What are the key points to remember?

- Share only information which is relevant to support a child/young person.
- Share only with those who are, or will be, involved in the support.
- Always seek informed consent from the child/young person where you judge it appropriate to do so and, if not, seek consent from the parent/legal representative if doing so will not cause further risk of harm to the child/young person.
- Always share information by the most secure method.
- Always record where information has been shared (or not) and the circumstances around this.
- As circumstances change, always re-visit the issue of consent appropriately.
- Use your professional judgement and, if in doubt, seek further advice.

It is vital that professionals share information appropriately. This ensures our services can work together in an integrated way to effectively meet the needs of children, young people, and their families.

Aide-Memoire

The general rules:

Principles: Information is Shared:-	Your Responsibility
for a purpose	<ul style="list-style-type: none"> • Be clear about the purpose • Identify what information is required for that purpose
with informed consent	Seek and retain written consent on the basis of a clear agreement with the service user or carer about: <ul style="list-style-type: none"> ■ what information will be shared ■ for what purpose ■ with whom ■ over what timescale
transparently and accountably	<ul style="list-style-type: none"> • Enable the service user to know, challenge and correct the information that you share • Ensure they know of their right to do so and the procedure through which to do so

Exceptions to the general rules

Principles: information is shared without consent :-	Your Responsibility
When a vulnerable person is at risk of significant harm	<ul style="list-style-type: none"> • Be clear about the purpose • Decide what information is required for that purpose • Record your decision and the reasons for your decision to share information • Share the information
When to seek consent could compromise safety	
When to seek consent could compromise the quality of evidence of an offence against a vulnerable person	



Solution Oriented Approaches

What is a Solution Oriented Approach?

- Helping people create the life they want.
- Looking at what works.
- Looking at what motivates people.
- An interest in solutions rather than problems.
- A way of thinking which can fit into any situation.
- Working with and empowering individuals, groups and whole systems.
- Constructive and co-operative dialogues.
- Pragmatic, time-sensitive, cost-effective.
- Hope of change – respectful, future oriented and goal focused emphasis.

Techniques and language

- How will you know things are better?
- Pointers for changing behaviour.
- Behaviour is affected by beliefs which are affected by experiences.
- What are the minimum signs of progress you will need to see?
- Past successes to build on – possibilities and potential for change.
- Small details, small steps and stages.
- Asking questions – ask it differently if there is no response.
- Listen out for small signs of what is working.

Resources and a context of competence

- Preferred future – exceptions.
- Scales rating – how far have we come? What's working?
- Noticing capabilities, resources and strengths.
- Being interested in person.

Co-operation

- Finding out about others changes view of them.
- Acknowledge people's feelings and views of a situation in a way which is anti-discriminatory.
- Checking out what has been said.
- Asking - Who will notice? What will they notice? How will you know?
- Asking people to acknowledge signs of change and progress.

(From: '*Solutions in School: Creative Applications of Solution Focused Brief Thinking with Young People and Adults*' - Yasmin Ajmal and Ioan Rees, BT Press, 2001)



Conduct in Meetings

It is appropriate to ensure that the following good practice is adhered to in preparation for meetings:

- Those invited to meetings are only those who are already involved in meeting the child's/young person's needs, or who can, in future, contribute to a Child's Plan.
- Written invitations to a meeting are **not** the first thing a child, parent or professional knows about a meeting, ie professionals have a duty to engage with the child and parent on first ascertaining an additional support need.
- Invitations are sent out timeously with a clear agenda, clear contact details and details related to the meeting itself: day, time, venue, inclusion of the children's rights service postcard etc.
- Invitations should allow for the invitee to confirm their attendance or, if they are unable, to agree a substitute – this allows the Lead Professional time to discuss this with the family in advance; if no other professional is available, the original invitee **MUST** send a written report to the chairperson two working days in advance of the meeting to allow their perspective to be considered, with an apology.

Meetings can involve the discussion of sensitive or personal issues to a child or family and, on occasion, this may be a difficult and challenging experience for those involved. Appropriate communication and support from all present is vital to ensure that the experience is as positive as possible in the circumstances.

Professionals, children/young people and family members must act in a way which is:

- Appropriate to the formality of the setting.
- Respectful to the views of others within the meeting.
- Conducive to partnership working.
- Non-threatening and non-confrontational.
- Anti-discriminatory to individuals, their values and their life experiences.

It is the role of the Chairperson to clarify the roles of the Scribe and Timekeeper and facilitate the meeting, ensure those involved are as prepared as possible, and address difficult or challenging situations with support from all those present.



Roles and Responsibilities

The Lead Professional is responsible for:

- Ensuring that the child/young person and family understand what is happening at each point so that they can participate in the decisions that affect them (this may mean identifying the person who knows the child/family best to do this directly).
- Deciding, in consultation with the child and family and relevant others, the most appropriate way in which to involve the child.
- Being the main point of contact for children, young people, professionals and family members, co-ordinating help for them and minimising the need for them to tell their story several times.
- Promoting teamwork between agencies and with the child and family.
- Planning an integrated assessment.
- Preparing for any resultant meeting (as are all those involved).
- Identifying a Chairperson for a meeting (likely him/herself in the first instance).
- Ensuring the information contained in the child's plan is accurate and up-to-date.
- Ensuring clarity for the Team members around agreed tasks.
- Ensuring the child's plan is implemented and reviewed.
- Recognising when intervention has not met need and co-ordinating the process of review of the plan.
- Being familiar with the remit of other agencies as necessary.
- Co-ordinating work agreed in the action plan (including initiating contact with identified specialist services), sharing information and analysing outcomes.
- Ensuring the child and family are supported through key transition points, particularly any transfer to a new Lead Professional where appropriate.

The Team around the family is responsible for:

- Engaging effectively with the other team members.
- Providing written and verbal contributions as required to the assessment, service delivery and review of the action plan.
- Committing to doing what is your responsibility within the plan.
- Sharing concerns with the Lead Professional as they arise.
- Preparing for and attending meetings as arranged.
- Providing written reports for meetings if you are absolutely unable to attend.
- Acting as a team member towards agreed goals and an agreed action plan (ie no individual member can make a unilateral decision to change his/her part of the plan, without the Team agreeing to any amendments).



Those attending a Meeting are responsible for:

- Returning requested information within a timescale set by the Chairperson. This will vary dependent on the child's circumstances but information must be sent timeously to allow it to be integrated and analysed in advance of the meeting.
- Preparing in advance as agreed, bringing any appropriate materials.
- Being prepared to offer solutions and working together with others in the Team.
- Attending on time as agreed.
- Acknowledging and noting everyone's point of view.
- Adhering to the Solution Oriented approach as outlined by the Chairperson.
- Being heard (there should be no 'surprise' information during the meeting).
- Voicing their own opinions and feelings (with advocate or support if required).
- Ensuring they have an involvement in agreeing actions.
- Following through on agreed tasks.
- Being professionally accountable to the child/young person, family and Team.



Solution Oriented Meeting Agreement for (*child's name*)'s Meeting

Date of Meeting:	
Those Present:	
Apologies:	

Today's Chairperson:

Today's Scribe:

Today's Timekeeper:

What are the issues/concerns?	What's working well/ok?
What are we trying to achieve?	What are our ideas?

Action Plan:

Who?	What?	How?	When?

Lead Professional for the action plan:

Agency:



Young Person's / Child's Plan

This Plan records :

- the multi agency assessment of the child's needs;
- the actions agreed to address the needs, including what improved outcomes are expected, specifying who is to take what actions, within what timescales, and arrangements for monitoring progress and reviewing the Plan;
- a summary of progress where the plan is being submitted for a review of progress; and
- A recommendation

The level of detail in the plan should match the complexity of the child's circumstances and needs. Where a heading is not appropriate to the child's circumstances, the heading, together with the accompanying text box will be deleted.

Section 1

Child / Young Person's Details:

Name:				Known as:	
DOB:		Age:		Gender:	
Tel No1				Tel No2	
Address:					
Postcode:					
Place of Residence (If different from above)					
Postcode:					
School/Employment:					

Legal basis for services currently provided

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It is necessary to withhold the following details from the report:

Information	
From Whom	
Reason	
Any information that is being withheld should be on a separate sheet attached to the back of this report.	



Family Details:

Family members

Name	DOB / Age	Address	Relationship

Other significant people

Name	DOB / Age	Address	Relationship

Parental rights and responsibilities are held by: list of names of all adults who hold parental rights and responsibilities and how these were obtained (if known)

--

Partners to the plan:

Name	Relationship	Contact details

Has consent been obtained to share information?

Yes ☐ No ☐

Consent received from	
Consent received from	
Consent received from	
Consent received from	

Is any additional help required to enable participation?

Yes ☐ No ☐

If yes what is required?

--

Chronology attached?

Yes ☐ No ☐

Genogram attached?

Yes ☐ No ☐

Other documents attached?

Yes ☐ No ☐

If yes, provide details

--



Section 2 (Initial)

(Delete this section when a second or subsequent Plan is prepared)

ASSESSMENT

This part of the Plan contains the record of an assessment of needs and risks with contributions from child, family, carers, health, education, police, social work, voluntary agencies and others as appropriate.

Basis of Assessment

Summarise agency contacts with the child, parent(s)/ carer(s) and the contributions of the various "partners to the plan" to the assessment. Make explicit the methods and tools used in gathering and analysing information which, for example, may include observations, structured and free ranging interviews/ questionnaires and assessment meetings.

Summary of strengths and pressures identified using the My World Assessment Framework

Strengths:

Pressures:



Child's views of his/her circumstances:

Parent(s) / Carer(s) Views of child's circumstances

Risk Assessment: *Identify any risk to the child or others. Highlight the nature of the risk, triggers for harmful behaviour and circumstances in which risk is most likely to occur – Identify ways that this could be managed.*

Analysis: *Having analysed the information gathered around the my world triangle with the child, parent(s), summarise what it means. What is the impact/ likely impact on the child/young person in terms of the child's current and prospective wellbeing? What is the impact on the parent(s)/ carer(s) ability to meet their needs? What areas around the triangle should/could be improved? What strengths should be protected/ built on? Are there priorities?*



Section 2 (Review)

(Delete this section when an initial Plan is prepared)

ASSESSMENT

This part of the Plan contains an update on the assessment of needs and risks undertaken and recorded in the previous child's plan

Basis of Assessment:

Summarise agency contacts with the child, parent(s)/ carer(s) and the contributions of the various "partners to the plan" to the assessment.

Summary of any changes to strengths and pressures identified using the My World Assessment Framework

Strengths:

Pressures:



Progress on Desired Outcomes: *Has the desired outcome been fully/partially or not met? (List the outcomes from the previous action plan)*

Desired Outcome	Met	Partially met	Not met

Child's views of progress:

Parent(s) / Carer(s) Views of progress:

Risk Assessment: *Identify any new risks to the child or others. Highlight the nature of the risk, triggers for harmful behaviour and circumstances in which risk is most likely to occur – Identify ways that this could be managed.*

Progress/concerns/further actions required: *detail below any significant progress or concerns and how these impact on the overall analysis. How have actions helped or hindered progress. Identify what, if any, further action is required (to be detailed in new action plan)*



ACTION PLAN

The Action Plan is the part of the Child's Plan which contains the overall aims for the child, the medium and short term goals, what improved outcomes are expected, by when, and what actions are to be taken to address the child's needs and achieve these goals. It specifies who is to take what actions, within what timescales, and details the arrangements for monitoring progress and reviewing the Plan. **(Where a review child's plan is being completed include any actions from the previous plan(s) that remain appropriate and add any new actions)**

Section 3

The overall aim for [NAME] is:

1. Desired Outcome			
	Action(s):	By whom	When
	i.		
	ii.		
	iii.		
We will know this has been achieved when:			
Cross boxes below which apply: Healthy & Nurtured <input type="checkbox"/> Safe <input type="checkbox"/> Achieving & Active <input type="checkbox"/> Respected & Responsible <input type="checkbox"/> Included <input type="checkbox"/>			

2. Desired Outcome			
	Action(s):	By whom	When
	i.		
	ii.		
	iii.		
We will know this has been achieved when:			
Cross boxes below which apply: Healthy & Nurtured <input type="checkbox"/> Safe <input type="checkbox"/> Achieving & Active <input type="checkbox"/> Respected & Responsible <input type="checkbox"/> Included <input type="checkbox"/>			

3. Desired Outcome			
	Action(s):	By whom	When
	i.		
	ii.		
	iii.		
We will know this has been achieved when:			
Cross boxes below which apply: Healthy & Nurtured <input type="checkbox"/> Safe <input type="checkbox"/> Achieving & Active <input type="checkbox"/> Respected & Responsible <input type="checkbox"/> Included <input type="checkbox"/>			



Young Person's /Child's Plan

Section 4

Recommendations and Reasons for proposed legal measures:

Clearly state your recommendation summarising why it is believed that Compulsory Measures (Care Requirement) may be/ may not be necessary. Link the reasons for compulsion with the actions required to meet the child's needs. Refer to cooperation, motivation and capacity of the parent(s) and young person to work effectively with agencies on a voluntary basis. Refer to the desired outcomes/ actions which require compulsion. Make reference to any evidence/research that has informed your recommendation.

A care requirement can only be made if:

- *the conditions and facts set out on the Convenor's Statement have been accepted or established (unless remit from Court);*
- *there is or appears to be no person who is both willing and able to exercise parental responsibility in such a manner as to provide the child with adequate care, protection, guidance or control;*
- *voluntary measures have not been sufficient or there is no reasonable prospect that they will be sufficient to provide adequate care, protection, guidance or control for the child;*
- *compulsory intervention is necessary to ensure the provision of adequate care, protection, guidance or control for the child*
- *the child's plan is approved by the Tribunal.*

Reasons for compulsion

--

What compulsory measures are sought? *Make clear your recommendation for conditions and why you consider these to be necessary.*

--



Resources Required: *Record any additional resources that require to be sought from out with those accessible to professionals/ agencies already involved in the plan*

--

Contingency Plans: *Record any actions that will be taken if resources are unavailable or if the child/young person's situation fails to improve or deteriorates*

--

Monitoring – how the plan / progress will be monitored / reviewed

--

Child's view of Action Plan and Recommendation

--

Parent(s) / Carer(s) Views of Action Plan and Recommendation

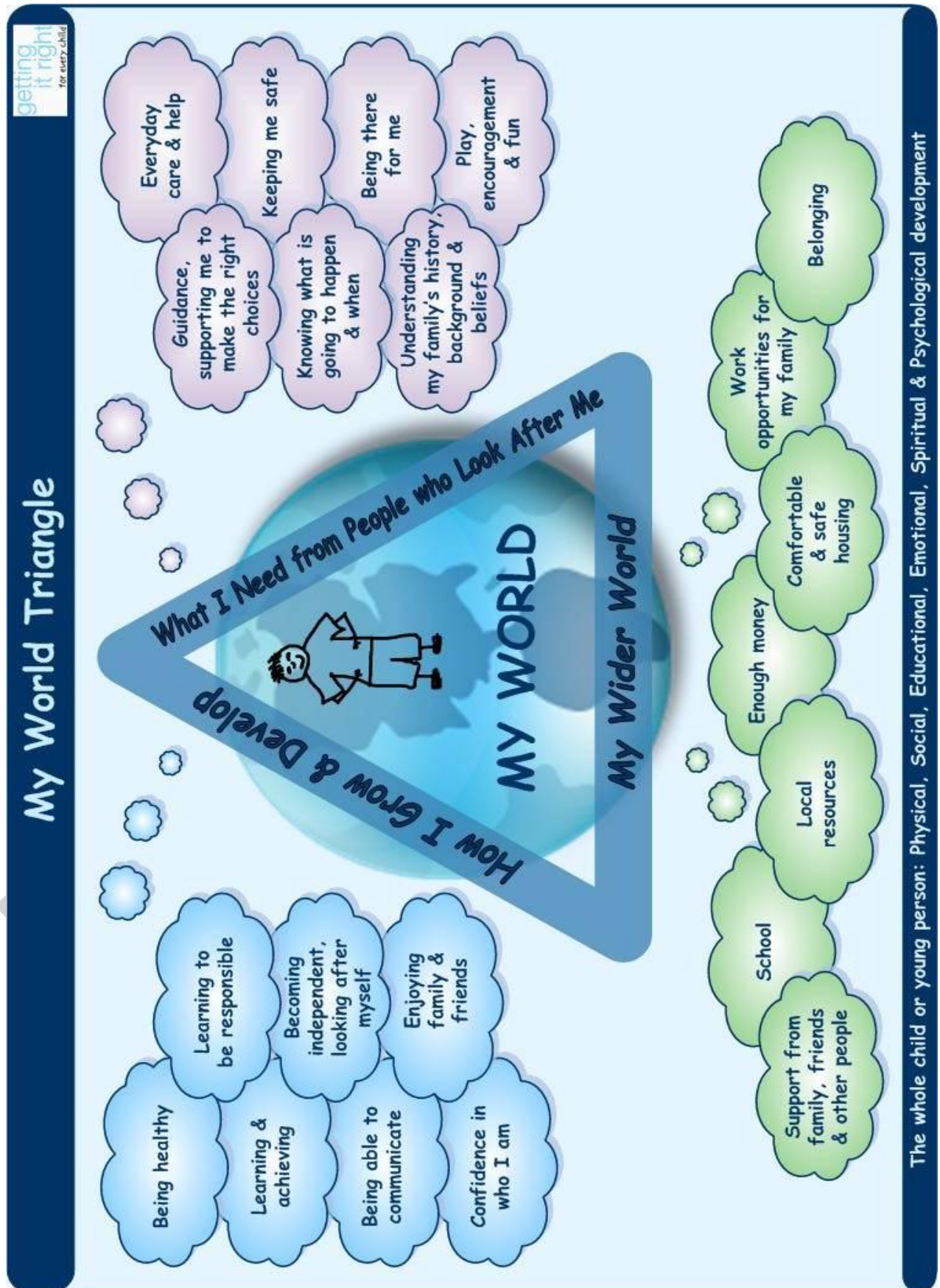
--

Note and explain any disagreements with any areas of the plan and any further action that is required.

--

Plan recorded by		Date	
Signature			

Appendix 1





Child Welfare Principles

- a) A child's welfare is normally best served by being brought up within his own family and community.
- b) Where it is not possible for a child to be brought up within his own family or community, his welfare is normally best served by maintenance of regular contact with his family and community.
- c) No compulsory intervention shall be made in respect of a child unless it is necessary for the effective provision to the child of care, protection, guidance or control.
- d) Any delay in determining a question about a child's upbringing is likely to be prejudicial to the child's welfare.
- e) Irrespective of age, development or ability, a child should be given an opportunity to express his wishes, feelings and views in all matters affecting him.
- f) Except where it is shown to the contrary, it is presumed that a child is capable of forming a considered view from the age of 12 years.
- g) A child in the care of the States is entitled to be provided with, and may expect to be subject to, insofar as is reasonably practical, similar levels of care, protection, guidance and control as would be expected to be provided or exercised in respect of a child by reasonable parents.
- h) In any case involving criminal activity, or the risk of criminal activity, by a child, the primary purpose of any compulsory intervention shall be the prevention of such activity in both the short and long term.
- i) It is expected that parents and any others responsible for a child's welfare will consult and co-operate with one another, and where possible resolve matters by agreement, in an atmosphere of openness and non-confrontation, with recourse to formal proceedings (whether court or Tribunal) only as a last resort.
- j) It is normally in the best interests of a child to have ongoing contact with both parents and it is the responsibility of the parents and any public authority to take reasonable steps to promote such contact.
- k) In determining any issues under this Law there shall be no discrimination by any public authority on the grounds of gender, marital status, ethnic or cultural origin, religion, disability, age or sexual orientation.



Child Welfare Checklist

When determining any issue concerning:

- a) the upbringing of the child;
- b) the application of the child welfare principles; a public authority shall, in particular, have regard to the matters set out in the child welfare checklist:
 - i) The child's wishes and feelings (in the context of his age and understanding).
 - ii) The age, gender, ethnicity, cultural background, language, religion and any other relevant characteristics of the child.
 - iii) Any harm the child has suffered or is at risk of suffering.
 - iv) The child's physical, emotional and educational needs.
 - v) How capable each of the parents (or any other person looking after or having parental responsibility for the child) is of meeting the child's needs.
 - vi) The importance and likely effect of contact between the child and his parents, siblings, relatives and any other significant people.
 - vii) The effect, or likely effect, of any change in the child's circumstances, including the effect of the child's removal from Guernsey or Alderney.



Section 35 of the Children (Guernsey and Alderney) Law, 2008

The question of whether or not compulsory intervention may be needed in respect of a child shall only arise if:

Section 35(1)(a): there is, or appears to be, no person able and willing to exercise parental responsibility in such a manner as to provide the child with adequate care, protection, guidance or control; **and**

Section 35(1)(b): at least one of the conditions referred to in subsection (2) is satisfied, in respect of that child.

Section 35(2):

- (a) the child has suffered, or is likely to suffer, significant impairment to his health or development,
- (b) the child has suffered, or is likely to suffer, sexual or physical abuse,
- (c) the child has –
 - (i) misused drugs or alcohol, or
 - (ii) deliberately inhaled a volatile substance,
- (d) the child is exposed, or is likely to be exposed, to moral danger,
- (e) the child –
 - (i) has displayed violent or destructive behaviour and is likely to become a danger, to himself, or others, or
 - (ii) is otherwise beyond parental control,
- (f) the child, being of 12 years of age or more, has committed –
 - (i) a criminal offence, or
 - (ii) what would be a criminal offence if the child had the necessary capacity, or
- (g) the child (being under the upper limit of the compulsory school age) is failing to attend school without good reason.