



Isle of Wight

Children in Need Strategy

2014 - 2016

1 Document Information

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Author	CIN Task and Finish Group
Members of Task and Finish Group	Dr Lorraine Smith, Isle of Wight CCG
	Sara McWilliam, Children's Social Care
	Jenny Johnston, Isle of Wight NHS
	Alex Hyslop, Probation Service
	Lee Torrence, Hampshire Constabulary
	Julie Davies, LSCB Business Unit
Approved by	Isle of Wight Safeguarding Children Board
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Appendix A: Thresholds Document

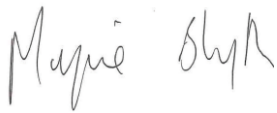
Appendix B: Template for Child in Need Plan

Introduction


I am pleased to present the Isle of Wight's first Child in Need Strategy describing how we will provide services and undertake assessments to meet the needs of individual children on the Island. This is a significant document in the Isle of Wight's improvement journey following the Ofsted Inspection report in January 2013 which declared the effectiveness of arrangements to protect children to be inadequate.

The inspectors found that children in need were not being effectively identified and the help and support as defined by Section 17 of the Children Act 1989 not being provided. This strategy makes clear what is expected of all agencies to ensure that children in need receive high quality services and there are effective multi-agency working arrangements in place.

The document underpins the Local Authority's Single Assessment Protocol (a new requirement in Working Together 2013) and reaffirms that everyone who comes into contact with children and their families has a role to play in identifying concerns, sharing information and taking prompt action.

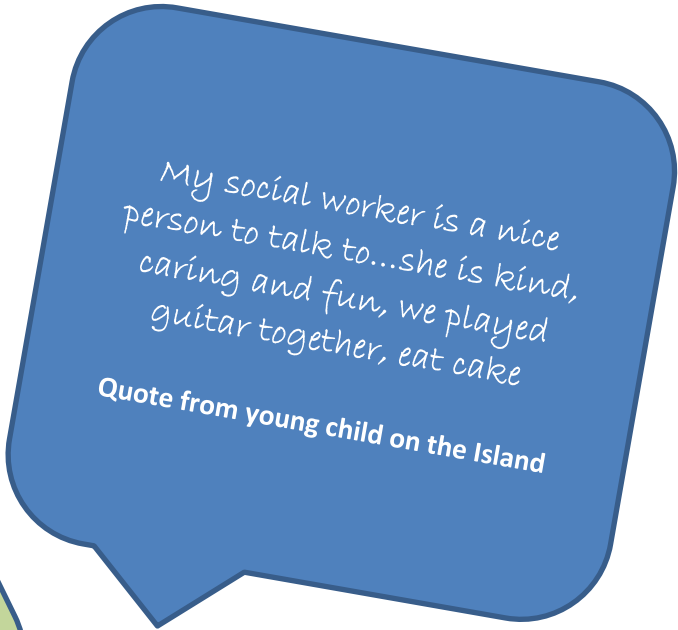


Maggie Blyth
Independent Chair
Isle of Wight Safeguarding Children Board



*... is nice and kind....is good
and loves me....makes cases and
is gooder than me...*

**Quote from young child on the Island
about their social worker**



*My social worker is a nice
person to talk to...she is kind,
caring and fun, we played
guitar together, eat cake*

Quote from young child on the Island

Policy and Legal Context

Working Together to Safeguard Children 2013 sets out that - 'Local authorities, with their partners, should develop and publish local protocols for assessment. A local protocol should set out clear arrangements for how cases will be managed once a child is referred into local authority children's social care. The detail of each protocol will be led by the local authority in discussion with their partners and agreed with the relevant Local Safeguarding Children Board (LSCB).'

Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Local Authorities undertake assessments of the needs of individual children to determine what services to provide and action to take.

A child's rights are enshrined in the United Nations' Convention on the Rights of the Child (1989). The UK government ratified this convention on 16 December 1991. The Human Rights Act 1998 obliges public bodies, including local authorities, not to act in a way that is incompatible with the European Convention on Human Rights, unless forced to do so by legislation.

The articles most likely to be relevant in cases involving children are Article 6 (the right to a fair hearing), Article 8 (the right to respect for a person's private and family life) and Article 14 (prohibition of discrimination). Under Article 8(2), the council may only interfere with the exercise of a person's right to private and family life in certain circumstances, such as for the protection of health or morals, or for the protection of the rights and freedoms of others.

Aim of the strategy

No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. In order that organisations and practitioners collaborate effectively, it is vital that every individual working with children and families is aware of the role that they have to play and the role of other professionals. In addition, effective safeguarding requires clear local arrangements for collaboration between professionals and agencies. The aim of the Child in Need Strategy is to set out the help and support that is available for children in need on the Isle of Wight as defined by Section 17, Children Act 1989. It aims to ensure that all agencies are aware of their roles and responsibilities and emphasises the need for effective multi-agency planning and joint working to improve outcomes for children and young people.

Objectives

The objectives of the strategy are:

- Children in need receive the highest quality services
- Planning for their future needs takes place with the child and their family members
- To promote and raise awareness of the range of help and advice available
- The experiences and progress of children in need ensure they make a successful transition to adulthood

Principles

Three principles underpin this work:

1. Children and their families should understand and be included in all that happens.

2. All work done by professionals should be child focussed and based on an understanding of the views, strengths and needs of the child/ren and their families
3. Importance of using plain, jargon free language

Definitions

A child is anyone who has not yet reached their 18th birthday.

Children in Need

A child in need is defined under the Children Act 1989 as a child who is 'unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled'.

In these cases, assessments are carried out under section 17 of the Children Act 1989. Children in need may be assessed in relation to a range of needs (for example their special educational needs, disabilities, as a carer or because they have committed a crime). The assessment process will also be used for children whose parents are in prison and for asylum seeking children.

Children in Need of Protection

Concerns about maltreatment may be the reason for a referral to Children's Social Care or concerns may arise during the course of providing services to the child and family. In these circumstances, children's social care will initiate enquiries to find out what is happening to the child and whether protective action is required.

Local authorities have a duty to make enquiries under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare.

Where children are considered to be at risk of or suffering significant harm, the 4LSCB child protection procedures will be followed. The Single Assessment will be undertaken alongside any protective action or service provision.

Single Assessment Process

The Isle of Wight Council has developed a single assessment process (Child and Family Assessment) in line with the requirements set out within Working Together 2013. This replaces both the Initial and Core Assessment and includes pre-births and unborns. The Child and Family Assessment incorporates the Assessment Framework Triangle and considers the 3 areas of child's developmental needs; parenting capacity and family and environmental factors.

The timescale for completing any assessment of a child or young person's needs will reflect their individual circumstances, however all assessments will be completed within 15 days if a decision is taken to proceed to an Initial Child Protection Conference.

At all times where an assessment is being undertaken children and young people and their parents/carers will be fully involved in the process, including any decisions and actions arising from the assessment.

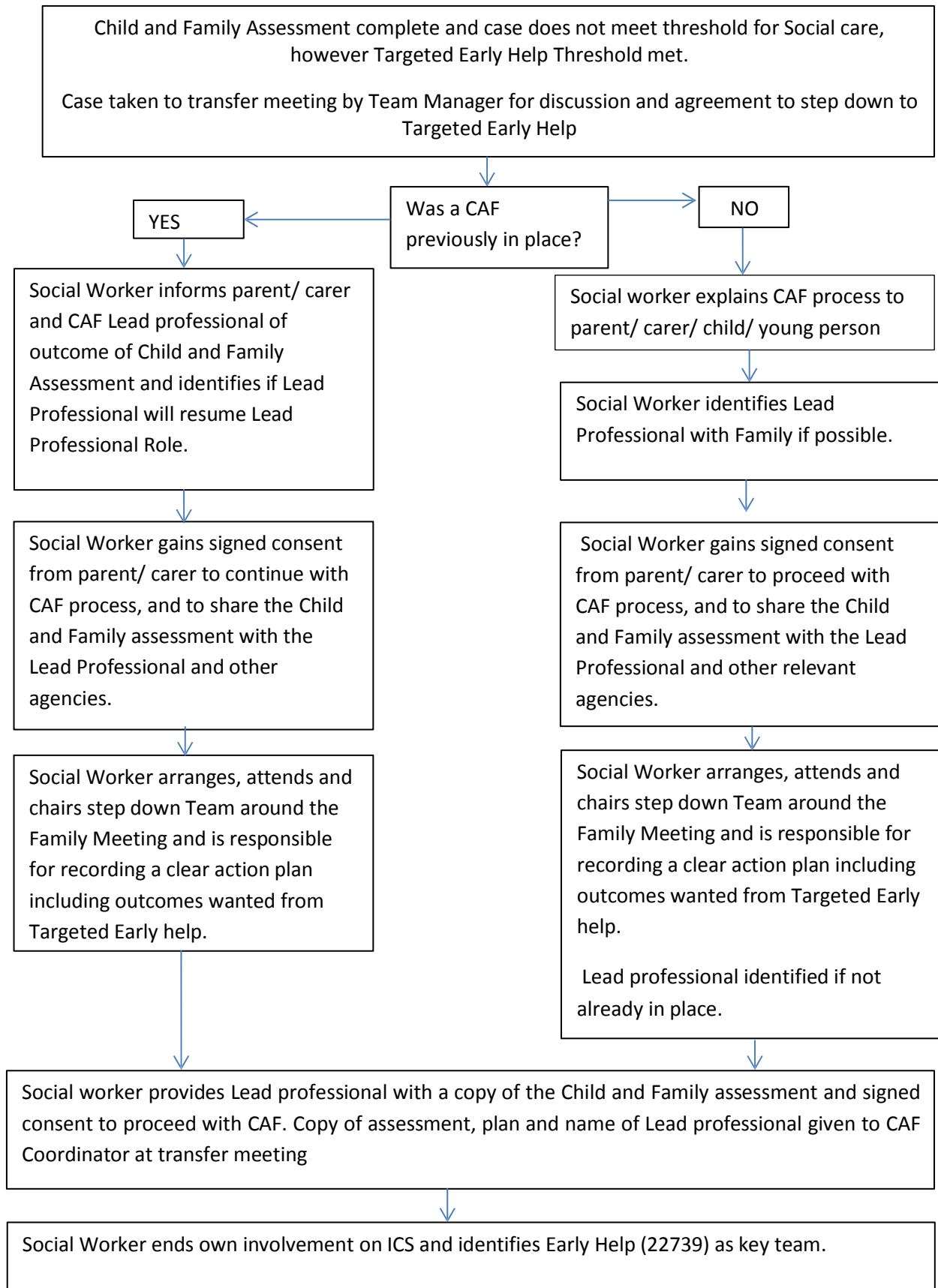
The Single Assessment Protocol sets out arrangements for how cases will be managed once a child has been referred into Children's Social Care and is consistent with the Working Together 2013 statutory guidance. This has been agreed by the Isle of Wight Safeguarding Children Board and can be found here – www.iowscb.org.uk

How are Children in Need Identified?

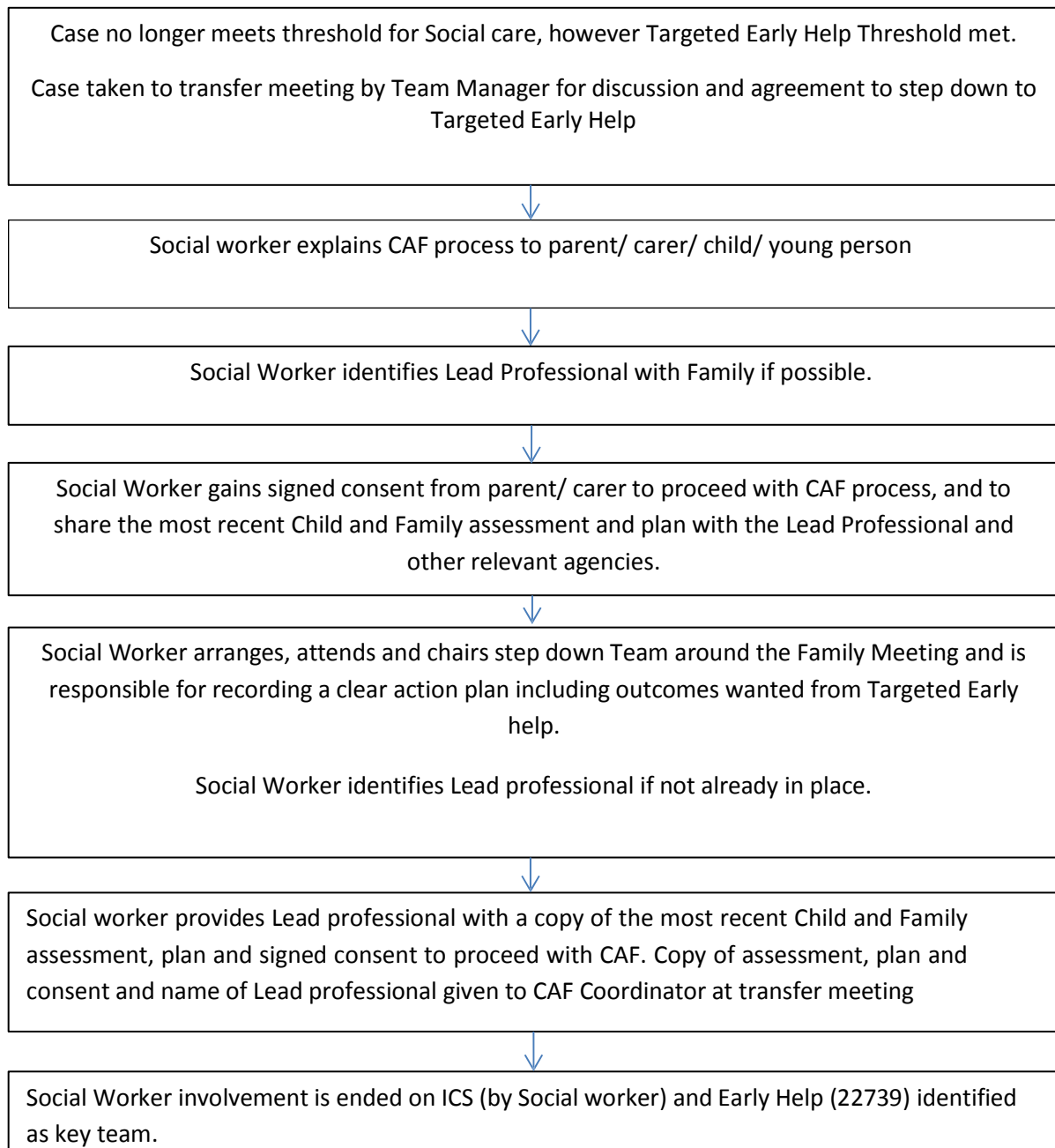
There are three possible routes to a child being identified as 'in need':

1. Direct route through Hants Direct to the Children's Reception Team. For those that require a child protection enquiry. This includes CYPs that go through the multi-agency triage process:
 - a. A referral will be made to The Multi Agency Safeguarding Hub (MASH).
 - b. The MASH provides triage and multi-agency assessment of safeguarding concerns in respect of child protection referrals.
 - c. It brings together professionals from a range of agencies into an integrated multi-agency team.
 - d. The MASH team makes judgements and decisions depending on statutory need, child protection or early help.
 - e. If MASH conclude that a Child and Family Assessment is required it will be led by the Referral and Assessment Team or by the Disabled Childrens Team.
 - f. Once completed, it will be shared with the family.
 - g. Should the assessment identify unmet needs that require a multi-agency response, Children's Social Care will be responsible for identifying the professionals and agencies who might contribute towards developing a plan and / or providing a service to respond to those unmet needs.
2. Step-up to Children's Social Care from a Common Assessment Framework (CAF)
3. Step down from a Child Protection Plan www.4lscb.proceduresonline.com

ISLE OF WIGHT TARGETED EARLY HELP STEP DOWN PROCESS FOR SOCIAL WORKERS FROM REFERRAL & ASSESSMENT TEAM



ISLE OF WIGHT TARGETED EARLY HELP STEP DOWN PROCESS FOR SOCIAL WORKERS FROM CIN AND CDT TEAMS



Recording and Reviewing Assessments

All assessments will be based on quality information gathering about the family history, previous services requested, provided or offered and current circumstances.

Children and young people are central to the assessment process. Their views, wishes and feelings should be sought and reflected in the assessment and any plans. The subject child will always be seen and observation of their relationships with family and significant others. For babies and infants and children with a disability, appropriate forms of communication and observation will be used, including non-verbal.

Parents and carers should be fully involved and informed in the assessment of their children; and in identifying appropriate services or resources that will help support them in their parenting role.

Parents need to be informed of any risks identified during the course of the assessment. They should be clear on how they can contribute to improving their children's circumstances as well as the help they can expect from social care and other agencies.

All the family will be asked their views including partners or parents who do not live in the household. Every attempt will be made to fully engage the whole family.

Basic contact details of all people (friends, family and professionals) will be recorded.

All professionals who are providing or offering a service to the child and their family will be asked for information. Agency agreements relating to information sharing and consent will be followed.

Culture, ethnicity and diversity issues must also be considered and actively sought in all assessments as they impact on the child and their experience.

All information will be collated and analysed.

Analysis will lead to clarity about the child/ren needs and the outcome(s) expected for the child to improve their welfare and development. This will be explained to the family and all professionals working with them.

Any risks identified to the child in the assessment will be shared with the relevant manager / agency

In line with each agency expectations, assessments will have management oversight and quality assurance processes.

The Multi Agency Planning Meeting and the Child in Need plan

A planning meeting will be held to develop a plan within one month of the assessment being initiated. This will be based on the agreed outcomes for the child, with the family and all relevant professionals. (Child in Need/Team Around the Child/Review). The purpose of the meeting is to develop a multi-agency plan, and subsequently to review that plan.

The plan will be SMART (Specific, measurable, achievable, realistic and timely). It will include details of who, what, when and how things will be done, and will include specific actions for all members including the family. The plan should be clear about the outcomes that are expected.

The multi-agency Child in Need (CIN) plan will supersede any existing interventions or services (eg, Youth Offending Service, Children's Centres, Supporting Families). These will feed into the CIN plan.

The allocated social worker from Children's Social Care will be the lead professional. They will take responsibility for coordinating services and act as recipient of key information between meetings. However it is a shared responsibility between all agencies to contribute to and undertake the tasks identified in the plan.

A contingency plan is an essential component to be included in the CIN plan to ensure robust arrangements are in place should the agreed plan/arrangements be compromised. Where circumstances change it will make sure the identified risks are appropriately managed.

In certain circumstances a 'contract of expectations' may be drawn up. This will reinforce the expectations of parents and carers as set out in the CIN plan and will be made available to family members and all professionals working with the plan. It will be reviewed regularly and it will be clear to all working together when it is no longer needed.

Children's Social Care will invite agencies or individuals, to the Multi Agency Planning Meeting. In Children's Services the lead team is likely to be the Children in Need team or the Disabled Children's Team.

Children's Services will also invite the child (where the child is 10 years of age) to participate in all or part of the meeting. The family will also be invited. It is acknowledged that a child or young person may require support to attend/ participate in the meeting, or may require an advocate to help them express their views.

Where the child is not able or does not wish to attend the meeting, all agencies who are already in contact with the child should attend the meeting with an ability to express the wishes and feelings of the child.

In addition, the expectation is that individual agency representatives will attend with knowledge of and information about the child and the family eg attendance at and attainment in pre-school, school or college, relevant health information including information on mental health and emotional well-being, substance misuse, housing and accommodation arrangements etc.

Agency representatives will also be required to be clear about the services and other resources that they or their agency can contribute in order for the outcomes to be achieved.

The visiting frequency of each individual professional should be agreed and specified within the plan.

A suitably experienced worker from Children's Social Care will chair the meeting.

Children's Social Care will be responsible for ensuring that a copy of the agreed plan is distributed to the family and to members of the multi-agency planning meeting via email within 24 hours of the meeting taking place.

Reviewing the Plan

The plan will be reviewed every 6 weeks. Dates for the next meeting should, wherever possible, be set at the end of the last meeting. Where this is not possible, at least 10 working days notice of the next meeting should be given.

The child/ren should be seen as a minimum 4 weekly by the social worker. This could be more frequent depending on the type of case.

If meetings are cancelled / postponed Children's Social Care should re-arrange within 10 working days. All professionals and family members have a responsibility to challenge Children's Social Care if that does not happen.

If there are changes to the child's situation which cause a change to the plan, or decisions taken which affect the plan, all the family and other professionals will be consulted and informed in a timely way.

After each review meeting the updated child's plan (template attached) will be sent to all professionals who are party to the plan, and all relevant family members within 15 working days. These copies will be sent using agreed secure methods.

Where concerns are escalating about the child, all agencies are equally responsible for alerting their line manager and the social worker.

It is expected that agencies should continue to attend review planning meetings throughout the lifetime of the plan unless it is agreed by the person chairing the meeting that the role of that agency has ended. Where an individual or agency decides that their involvement is no longer required they should notify the chair of the multi-agency planning meeting in writing.

Failure to attend will result in any concerns being escalated to that agencies line manager (see 4LSCB escalation procedure/resolution of professional disagreement at www.4lscb.proceduresonline.com)

It is recognised that core membership of the multi-agency planning meeting will potentially change as the plan progresses.

Additional information or specialist assessments may be required at some point along the way and these will be sought by way of a referral. The individual or agency responsible for making that referral will be identified at the Multi Agency Planning meeting.

Where another agency is approached for services or further specialist assessments (eg Community CAMHS, Adult Services, Disabled Childrens Services) and do not feel the request is appropriate or relevant, or are unable to provide the service, they should respond in writing, giving reasons or explaining why their service is unable to make the contribution requested.

Ending the Child in Need plan.

The plan may end in one of the following ways:

1. Step Up - Where risks or needs become greater and the case requires consideration under S47 or the child becomes looked after or subject to Public Law proceedings
2. Step Down - The case can be 'stepped down' to the Locality team by the multi-agency planning meeting with an agreed lead professional where there is still a need for CAF involvement.
3. Closure - The case is closed to Children's Social Care when the agreed outcomes are achieved. This will be confirmed at a multi-agency planning meeting.

Case closure to Children's Social Care will be advised in writing to all agencies who are still part of the multi agency planning process at the time of the final multi-agency planning meeting.

The family will also receive written confirmation from Children's Social Care.

4. The family decline further involvement and the threshold is not met for continued Social Care involvement. Universal services will continue to be offered

Escalation (Professional disagreement policy)

If professionals are unable to resolve differences through discussion and/or meeting within a time scale which is acceptable to them, the agreed 4LSCB Professional Disagreement Policy should be used (see www.4lscb.onlineprocedures.com)

Consent and Information Sharing

Once a child has been assessed and deemed to be a child in need, the sharing of information between agencies will be covered by the agreed information sharing protocols. This means that every parent and the child, where appropriate, will have signed a 'Consent to Share' form at the point when the assessment began.

Service Concerns, Complaints and Compliments

If family members do not agree with any professional and it cannot be resolved, that disagreement should be noted on the assessment or plan. Family members should be provided with contact mechanisms for the relevant service.

Any family or friend's carer or child or young person who has a query, or comment or is dissatisfied with the service received from the Isle of Wight Council should contact the Complaints Manager, Social Care Directorate for Community Wellbeing and Social Care, Isle of Wight Council, 3rd Floor, County Hall, Newport, Isle of Wight, PO30 1UD. Tel: 01983 823093; Fax: 01983 823463; email: complaints@iow.gov.uk.

All service concerns raised will be addressed as soon as they are raised without waiting for the conclusion of the formal complaints process. This does not remove the family's right to complain.

HOW WILL WE KNOW IF WE HAVE BEEN SUCCESSFUL?

We will know if our strategy for children in need has been successful by triangulating evidence from a number of sources which will enable us to 'fix a position' which the evidence points to and thus charts our success. This is captured in the Isle of Wight Safeguarding Children Board's quality assurance framework, as described below:

Feedback from children and young people

The IOWSCB is developing an agreed framework for the involvement of children and young people. This will capture and describe the various ways in which children and young people are involved with the LSCB, and the impact on their safety and wellbeing. The Board is committed to incorporating children and young people's priorities into planning and development, and to demonstrate how they have impacted on service delivery

Feedback from professionals

The IOWSCB is formalising a framework for the involvement of front line staff, to ensure their voice is heard at every level, and their concerns and priorities are embedded in the work of the LSCB. There is a general expectation that staff are involved at every stage in the development of board priorities and their implementation. This will include contributing to audits, feedback from training, meetings with front line staff, attendance at workshops and the annual conference.

Qualitative Information

The LSCB has agreed an annual audit programme, which include single and multi-agency audits, linked to the priorities set out in the business plan. The LSCB co-ordinates and collates the findings from all audits relating to safeguarding, and itself only conducts those multi-agency audits it has deemed essential to carry out the priority actions in the business plan. The results of this audit activity are detailed in the LSCB's annual report.

Quantitative Information

The IOWSCB collects and analyses a small amount of data on a regular basis and also via the annual and quarterly reporting of individual agencies to the Performance and Quality Assurance Subgroup. The IOWSCB has adopted a common set of data for regular information and analysis. The LSCB itself is responsible for collating and analysing a small amount of data on a regular basis, with other agencies taking responsibility for analysing their own data, in line with the agreed quarterly and annual reporting framework. This allows for benchmarking and comparisons across the region and with statistical neighbours, and for a more collaborative approach to developing complementary priorities across business plans.

Isle of Wight Safeguarding Children Board and Children's Trust Thresholds Chart – April 2014

Threshold:	1. Universal	2. Early Help	3. Targeted Early Help	4. Children's Social Care
The child or young person (maybe unborn):	Has needs met within universal provision. May need limited intervention within the setting to avoid needs arising.	Has additional needs identified within the setting that can be met within identified resources through a single agency response and partnership working	Has multiple needs requiring a multi-agency coordinated response.	Has a high level of unmet and complex needs or is in need of protection.
The following circumstances and key features are for guidance and should always be considered in respect of the impact on the child or young person				
Circumstances and Key Features	<p>Developmental Needs Achieving learning targets Good attendance Meeting developmental milestones Has psychological well-being Socially interactive and skilled Ability to protect self and be protected</p> <p>Family and environment Supportive relationships Housed, good diet and kept healthy Supportive networks Access to positive activities</p> <p>Parents and carers Protected by carers Secure and caring home Receive and act on information, advice and guidance Appropriate boundaries maintained</p>	<p>Developmental Needs Absence / truancy from school Incidence of absence / missing from home Use of fixed term exclusions Risk of social exclusion Poor attachments Language and communication difficulties Reduced access to core needs Disability or additional special need Potential for becoming NEET Potential not to attain Slow in meeting developmental milestones Missing health checks/immunisations Minor health problems Early signs of offending / anti-social behaviour Underage sexual activity Early signs of drug/alcohol misuse Poor self-esteem Low level emotional/mental health issues</p> <p>Family and environment Young carers Poor parent/child relationships Children of prisoners / parents subject to community orders Bullying Poor housing and poor home environment impacting on child's health Community harassment / discrimination Low income affects achievement Parenting advice needed to prevent needs escalating Poor access to core services Risk of relationship breakdown Concerns about possible domestic abuse</p> <p>Parents and carers Inconsistent care arrangements Poor supervision by parent/carer Inconsistent parenting Poor response to emerging needs Historic context of parents/carers own childhood</p>	<p><i>Despite intervention at 2, evidence of continuing....</i></p> <p>Developmental Needs Persistent absence from school Missing from school / home regularly with no explanation Permanent exclusions/no school place Social exclusion Poor attachments No access to core services Significant disabilities NEET Developmental milestones not being met due to persistent parental failure/inability Chronic/recurring health problems Regular missed appointments affecting developmental progress Teenage pregnancy Drug/alcohol misuse impacting negatively Risky sexual behaviour (e.g. unprotected sex) Offending / anti-social behaviour resulting in risk of entering Youth Justice System Emotional / mental health issues</p> <p>Family and Environment Housing tenancy at risk Community harassment / discrimination Domestic abuse Relationship breakdown Transient families</p> <p>Parents and Carers Parental learning or physical disability, substance misuse or mental health impacts on parenting Inconsistent care arrangements Poor supervision by parent/carer Inconsistent parenting Poor response to identified needs Historic context of parents/carers own childhood</p>	<p><i>Persistent/continued/severe...</i></p> <p>Developmental Needs Chronic persistent absence, permanent exclusions or no school place that risks entry to the care system Persistent social exclusion Poor attachments Complex / multiple disabilities Complex mental health issues affecting developmental needs, including self harm High level emotional health issues and very low self-esteem Non-organic failure to thrive Sexually inappropriate behaviour Sexually aggressive behaviour Teenage parent/pregnancy under the age of 13 Sexual exploitation / abuse Drug/alcohol use severely impairing development Frequently missing from home resulting in self-neglect Relationship breakdown Offending and in the criminal justice system Unaccompanied minors</p> <p>Family and environment Suspicion of physical, emotional or sexual abuse or neglect Domestic abuse resulting in child being at risk of significant harm Homeless child/young person Family intentionally homeless Community harassment/discrimination Extreme poverty affecting child well-being Forced marriage, Honour Based Violence, Female Genital Mutilation</p> <p>Parents and carers Edge of care Parental encouragement of abusive/offending behaviour Continuing poor supervision in the home Parental non-compliance / disguised non-compliance or co-operation Inconsistent parenting affects child's developmental progress Private fostering</p>
What do I do next?	Go direct to www.iwight.com/wightchyps	Consider undertaking a CAF checklist. If you believe that a CAF is appropriate contact the Children's reception Team 0845 002 0095 who will check against thresholds and if appropriate log that a CAF will be undertaken	Having contacted Children's Reception Team regarding your intention to undertake a CAF assessment you will find information on the CAF process and all relevant documentation here http://www.iwight.com/Residents/Care-and-Support/Childrens-Services/Childrens-CAF/Common-Assessment-Framework-CAF the CAF team can provide information, advice and guidance in undertaking the CAF process	Contact Children's Reception team on 0845 002 0095 or Police 999 if at immediate risk.
Level of Assessment	No formal assessment	CAF checklist/commencement of CAF assessment	CAF assessment and plan	Child and Family assessment and plan

Type of Plan: Outline Child Protection/ Full Child Protection / Child in Need

Delete as appropriate

For Outline and Full Child Protection Plans

Date of this plan

Date plan started

Date last reviewed

Date Conference was held:	Lead/ Consultant Social Worker:
Category of risk:	Frequency of Social Work Visits: No longer than ____ working days between visits
Conference Chair:	
Core Group Chair:	

Name of the child	Date of birth	Ethnicity	Name of the parent with PR

Who will be part of the core group/CIN planning meeting? *Delete as appropriate (NB: Meetings to be held at least 6 weekly)*

How have the issues of ethnicity, culture, race and language been actively considered in the development of this Plan ?

How has the view of the child/young person influenced this plan and been appropriately acted upon?

--

N.B for outline child protection plans please indicate the identified risk, pertaining to which child and the planned outcomes. Overarching tasks should also be added where appropriate.

Child(ren)s Developmental Needs						
<i>(please consider the following areas: Health, Education, Identity, Emotional and Behavioural Development, Family and social relationships, Social presentation, Self-care skills).</i>						
	Identified Risk/ Need	Pertaining to which child	Actions to reduce the risk/ address need	Timescale	By Whom	Planned Outcome
1						
2						
3						
4						

Parenting Capacity						
<i>(please consider the following areas: Basic care, Ensuring safety, Emotional warmth, Stimulation, Guidance and boundaries, Stability).</i>						
	Identified Risk/ Need	Pertaining to which child	Actions to reduce the risk/ address need	Timescale	By Whom	Planned Outcome
1						
2						
3						
4						

Family and Environmental Factors						
<i>(please consider the following area: Family History and function, Wider family, Housing, Employment, Income, Family's Social Integration, Community resources).</i>						
	Identified Risk/ Need	Pertaining to which child	Actions to reduce the risk/ address need	Timescale	By Whom	Planned Outcome
1						
2						
3						
4						

Chair Signature and Role

Date

Type of Plan

.....

.....

.....

I have seen and agreed the content of this plan:

Child/young person's signature

Date:

.....

Parent's/Carer's Signature

Date:

.....

Social Worker's signature

Date:

.....

Review Date

Progress of the Child Protection Plan

For Review Child Protection Conferences Only: Comment on the Progress of the Child Protection Plan, the extent to which the tasks and timescales have been complied with and whether or not positive outcomes for the child/ren have been achieved.
(To be read in conjunction with the current child protection plan.)

Child(ren)'s Development Needs	
1	
2	
3	
4	
Parenting Capacity	
1	
2	
3	
4	
Family and Environmental Factors	
1	
2	
3	
4	