



Plans

Best Practice Examples

Best practice examples of plans developed by Hackney Children & Families Service to support practitioners develop clear and coherent plans for children in need and/or at risk.

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The Basics

The first and most important audience for any plan is the child and their family. Your language should be as simple and concise as possible.

Avoid the use of jargon: ask yourself, would someone who is not a social worker know what I mean?

Most plans should focus on three to five goals. Anything more is likely to feel overwhelming and unmanageable for a family.

Goals should be realistic and set in line with what needs to change in terms of the day-to-day experiences of the child order to step down the level of support (rather than for things to be perfect).

The process of goal setting should be collaborative, which helps parents/carers feel involved. Plans should be developed by '*doing with*' rather than '*done to*'.

The behaviours that are identified as the targets for change need to be relevant to the child and the child's needs and any **goals should be set with a clear focus on the child's timescales and what we need to achieve for the child by when.**

When completing or contributing to a plan, ask yourself the following

- Am I being as clear as I can be about what change needs to happen for us to feel less worried about the child(ren) and how quickly?
- Are we offering the right interventions to support the changes we want to see?
- What strengths can we build upon to create change?
- In relation to each goal, how will we know if the child(ren)'s day-to-day experiences are getting better?
- Do all actions have clear and realistic timescales for when they will be achieved and/or progress reviewed?
- Is it clear what may happen if things do not change?

Child Sexual Abuse

Rosie is three years old. Her father has recently been arrested for downloading indecent images of children at his home address. He remains under police investigation. The estimated age of the children in the images and videos is between two years of age to preteen and these include Category A images (those ranked most concerning). It remains unclear who these children are, but there is no evidence to date that Rosie has been sexually abused or harmed. Rosie's father denies downloading indecent images and any sexual interest in children. To date, her mother has insisted she believes him. However, both parents appear to be fully cooperating with the police and CFS and to be adhering to agreements around professionally supervised contact. They have yet to disclose what is happening to their wider family.

Concerns: What are we worried about and what does this mean for the child(ren)?	Goals: What change do we need to see?	Actions: Who needs to do what and by when?	Updates: What actions have taken place and what change can we see for the child(ren)?
<p>We are worried that Rosie's father may have a sexual interest in children and so may not be safe to be alone with any children at the moment, including his own daughter.</p> <p>We know that sexual abuse can have devastating long-term effect for children.</p>	<p>We want the family to have a clear understanding of the possible risk presented by Rosie's father.</p> <p>If needed following further assessment, we want Rosie's father to work with an organisation that specialises in sexual abuse.</p>	<p>Police to provide an update on their investigation, at least every 4 weeks.</p> <p>Social Worker to identify a specialist risk assessment of Rosie's father, to begin within 4 weeks. Recommendations from this report to be reviewed at Core Group Meetings and further actions agreed.</p> <p>Social Worker to arrange twice weekly supervised contact at a Contact Centre, to start within 7 days.</p> <p>No unsupervised contact or contact in the family home to take place</p>	<p>Possible indicators of change:</p> <ul style="list-style-type: none"> ● The specialist assessment has happened and gives us a clearer picture of the risks; ● New information from police; ● Feedback from any specialist interventions commissioned; ● Contact reports; ● Observations of the Social Worker and other practitioners involved with the family.
<p>We are worried that Rosie's mother does not understand that Rosie could be hurt by her dad and this means she may not be able to keep her daughter safe from the possible risk of sexual abuse.</p>	<p>We want Rosie's mother to learn more about sexual abuse and understand the possible risks Rosie's father poses to children.</p>	<p>Social Worker to identify a specialist assessment of Rosie's mother's to assess whether she can protect Rosie, to begin within 4 weeks. Recommendations from this report to be reviewed at Core Group Meetings and further actions agreed.</p>	<p>Possible indicators of change:</p> <ul style="list-style-type: none"> ● Outcome from specialist assessment; ● Feedback from any specialist interventions commissioned; ● Observations of the Social Worker and other practitioners involved with the

			family.
<p>We are worried that Rosie may not know who to talk to outside of her home if she experiences sexual abuse or if anything happens that makes her feel uncomfortable in the future.</p> <p>We are also worried that her family network do not know about the police investigation and therefore cannot help keep her safe.</p>	<p>We want Rosie not to experience sexual abuse and to know what is right and wrong in terms of safe touching.</p> <p>We want Rosie to have a group of trusted adults around her that she can and will speak to if she ever feels anyone touches her or says anything to her that makes her feel uncomfortable and in a way that is not right.</p>	<p>Social Worker to complete 'PANTS' work on safe touching with Rosie during 3 weekly visits, over 2-3 sessions.</p> <p>Rosie's parents to be supported to think about how they will let their family know over the next 2 weeks what has been happening. Following this, Social Worker to arrange a Family Network Meeting within 4 - 6 weeks.</p>	<p>Possible indicators of change:</p> <ul style="list-style-type: none"> • Rosie can speak confidently about what's right and wrong in terms of safe touching and has her own safety plan about who she would speak to and how if anything felt wrong; • The Family have a clear safety plan around Rosie to help keep her safe.

What might make us more worried for the child(ren) and what would happen then?

Whilst both parents at this time deny there is any reason for us to be worried about Rosie's safety, they have agreed to work with us and stick to agreements made, for example, around her father residing outside of the family home and having supervised contact, whilst the police investigation and the specialist assessments are ongoing. If they stopped doing this, we would be very worried and would have to consider getting legal advice about whether it was safe for Rosie to remain at home.

Domestic Abuse

Saif is 7 years old and lives with both his parents. Police were recently called to the family home, where Mrs Kaur reported being hit by her husband and a bruise was noted to her face. Saif was in the home at the time. Mrs Kaur subsequently disclosed ongoing verbal abuse and 3 previous incidents of physical violence, although later retracted these allegations and minimised the concerns. The family has not previously been open to Children's Social Care, although there have been two historical police reports of a domestic disturbance. During the course of the assessment, there were concerns about Saif presenting as very quiet and withdrawn and his school report he can be anxious and struggle to make friends.

Concerns: What are we worried about and what does this mean for the child(ren)?	Goals: What change do we need to see?	Actions: Who needs to do what and by when?	Updates: What actions have taken place and what change can we see for the child(ren)?
<p>We are worried about how Saif is with others at school and how what seeing his father hit his mother leaves him feeling frightened and anxious</p>	<p>We want Saif be safe and to feel safe. For this to happen, no-one in the family home should be hurt, either physically or by other people's words and behaviour</p> <p>We want Saif to have a group of safe adults around him that he can talk to if and when he is worried about things at home.</p>	<p>Social Worker to meet at least fortnightly with Saif at home and at school so that they can understand better what it is life for him at home.</p> <p>Social Worker to do a Safety plan with Saif around the violence, which should include exploring safe adults he can speak to.</p> <p>Saif's school's Designated Safeguarding Lead needs to meet with him every week (1 week from plan) to check how he is and also talk to his class teacher so that school is a happy place for him</p> <p>Saif's school nurse will check his health and development before the end of term.</p>	<p>Possible indicators of change:</p> <ul style="list-style-type: none"> • Saif reports during direct work with Saif, as well as observations of him at home and at school; • Possible SDQ screening; • Saif is able to confidently tell others about his safety plan.
<p>We are worried that Mr Singh seems to be hurting Saif's mother by hitting her and by the way he speaks to her. We are worried that Saif is seeing these things and this is likely to make him feel</p>	<p>We want Mr Singh to understand that his behaviour can be frightening to his wife and son and want him to stop shouting at and hitting Mrs Kaur.</p>	<p>Social Worker to agree Safeguarding Agreement with Mr Singh around expectations of his behaviour with his wife and at home.</p> <p>Mr Singh to work with the Domestic Abuse</p>	<p>Possible indicators of change:</p> <ul style="list-style-type: none"> • Mr Singh has attended the Domestic Abuse Intervention Service perpetrator programme, has accepted responsibility for his actions and is no longer violent to Mrs Kaur;

<p>unsafe, frightened and anxious. We are also worried that he will come to see violence as a 'normal' way of solving problems.</p> <p>We are worried about Mr Singh's use of alcohol, because alcohol can make the violence and aggression worse and it can make things more dangerous.</p>	<p>We want Mr Singh to seek support from a specialist service to reduce his alcohol use.</p>	<p>Intervention Service. Initial Meeting to happen on 16/05/19. Then to start the group work, which is 24 sessions - the progress of this to be reviewed at Core Group Meetings.</p> <p>Social Worker to meet with Mr Singh to talk about his alcohol use and consider a referral to an alcohol support service - by 10/05/19.</p>	<ul style="list-style-type: none"> ● Mr Singh understands that his behaviour is upsetting to his son; ● No further incidents of violence in the family home as measured by police reports, direct work with Saif and ongoing discussions with Mrs Kaur.
<p>We are worried that due to being upset and frightened by what is happening at home Mrs Kaur is not always as able to focus on what Saif needs from her and to notice how he is feeling and help him with this.</p>	<p>We want Mrs Kaur to feel safe in her marriage and in her own home and that if she doesn't she is able to say this.</p>	<p>Safety Plan to be made between Mrs Kaur, the Domestic Abuse Intervention Service and Children's Social Care - within 1 week.</p> <p>The Domestic Abuse Intervention Service to complete work with Mrs Kaur so that she knows that she deserves to be equal in the relationship and that it is not right that her husband uses violence to try and control her. Progress to be reviewed at Core Groups.</p>	<p>Possible indicators of change:</p> <ul style="list-style-type: none"> ● Feedback from the Domestic Abuse Intervention Service around Mrs Kaur understanding of the dynamics of domestic abuse; ● Observations of Mrs Kaur and Saif that note better interactions and that Mrs Kaur is able to talk thoughtfully about Saif's needs.

What might make us more worried for the child(ren) and what would happen then?

We would become more worried if Saif's mother is hurt again physically or if Saif is hurt. If this happens we would have to think with the family about whether it is safe for Saif to remain living with his mother and father together, whether Saif's father needs to live somewhere else or whether Saif needs to be separated from both his father and mother.

Extra Familial Risk

Leon is 15. He moved in to live with his Paternal Grandmother under an Special Guardianship Order when he was 2 years old due to his mother's substance misuse. There have been 7 missing reports over the past 6 months, 2 of which were overnight. He was assessed 4 months ago and stepped down to Young Hackney, but his engagement with them has been sporadic and YH are worried about his gran's age and level of parental control over Leon. The case has been re-referred as Leon was reported missing by YH after it turned out that he had not been home for 3 nights. He did subsequently return, but has only said he was with friends. He is enrolled in the Boxing Academy, but his attendance is 53%. He has recently come on the radar of the IGU, as he has been seen on two occasions in the community with older, established members of the London Fields Gang.

Concerns: What are we worried about and what does this mean for the child(ren)?	Goals: What change do we need to see?	Actions: Who needs to do what and by when?	Updates: What actions have taken place and what change can we see for the child(ren)?
<p>We are worried that Leon is being targeted by older people who want him to become a member of their gang. We are worried that they might try and get him involved in criminal behaviour, including violence.</p>	<p>We want Leon to have positive friendships with other young people who are not involved in gangs or conflict with other young people, nor getting in trouble with police.</p>	<p>Social Worker to complete a referral to St Giles (SOS Project) for a specialist gang intervention worker for Leon. The work should start within 4 weeks and should be reviewed after 3 months.</p> <p>The Trusted adult identified at the initial strategy meeting to undertake peer group mapping and safety mapping to understand the dynamics of Leon's relationships and locations where he is safe/ less safe</p>	<p>Possible indicators of change:</p> <ul style="list-style-type: none"> ● Feedback from St Giles; ● Intelligence from the Integrated Gangs Unit (IGU) and police. ● Mapping informs Safety Plan for Leon
<p>We are worried that Leon goes missing and when this happens we do not know where he goes, who he is with, or what he's been doing.</p> <p>We are worried that when he is missing bad things may be happening to him, but without knowing where he is we have no way to keep him safe.</p>	<p>We want Leon to tell his gran where he is and who he's with when he isn't at home.</p> <p>We want Leon to come home each night at a reasonable time and sleep each night at home, unless his gran has agreed he can stay with someone she knows.</p>	<p>Social Worker to meet with Leon and his gran to agree rules about when Leon has to come home, what will happen if he does not come back at that time and when his gran might let him stay with a friend or family member - within a week. Agreement to be reviewed between Leon, his gran and the Social Worker at least every 3 weeks.</p> <p>Leon's grandmother to keep to agreement above, which needs to include calling the</p>	<p>Possible indicators of change:</p> <ul style="list-style-type: none"> ● Reduction in number of missing reports; ● Better information about where Leon is when he's not at home; ● Agreement in place with Leon about spending time with known friends.

		police and letting the Social Worker know if he is not home on time.	
We are worried that almost every other day Leon is not attending the Boxing Academy. This means he is spending a lot of time during the day not being supervised by a safe adult and not learning. We are worried he is falling further behind in his education. We know that young people who miss education are more at risk from being groomed into gangs.	We want Leon to finish his secondary school education with the best possible skills he will need to help him with his next stage in life. This means we want Leon to attend the Boxing Academy every day unless there is a really good reason why he cannot be there or unless it would be unsafe for him to do so.	The Boxing Academy to meet with Leon, his gran and the Social Worker to agree on a plan of action and educational support for Leon - on 20/06/19. The Boxing Academy to contact Leon's gran and the Social Worker if Leon does not arrive each morning so that Leon can be reported missing.	Possible indicators of change: <ul style="list-style-type: none"> • School attendance and punctuality records; • Other feedback from school.
We are worried that because Leon's gran is feeling so worried about his safety, she is wondering whether she is the best person to care for him and she has said this to Leon. We know this comes from a place of love, but we are worried that Leon may hear this as a rejection. This might make him more vulnerable to grooming by gangs, who may try to make him feel like they are his new 'family'.	We want Leon's gran to feel well supported and to feel confident that she is the best person to care for Leon and keep him safe.	Social Worker to work with Leon's gran to let her know more about extra-familial risks - over the next month. Social Worker to continue attempts to get in contact with Leon's mother and father to seek their views and explore any support they can offer - to include visits to each of their addresses over the next 2 weeks. Family Network Meeting to be arranged within 6 weeks.	Possible indicators of change: <ul style="list-style-type: none"> • Gran feels more confident and supported around caring for Leon and keeping him safe; • Positive interactions observed between Leon and gran; • Increased involvement in the wider family support.

What might make us more worried for the child(ren) and what would happen then?

We would be very worried if Leon continues to go missing for longer and longer, or we had more reports of him being seen with older gang members. If we felt it became unsafe for him to be in Hackney, we may need to talk with the family about any options for him - ideally with his gran - to go and stay somewhere else for a while, but before this we would work really hard to try and make Hackney a safer place for him to be.

Neglect

Tilly (6) and Josephine (9) are the children of Amanda. They do not have contact with their father. There have been several concerns about neglect in the past and they have previously been subject to a CIN Plan in 2017 for a year and the C&F Assessment just completed recommends another CIN Plan. Both children's school attendance is below 65%. The home environment is poor, with significant issues around basic hygiene. Josephine suffers from asthma but has missed a number of key medical appointments.

Concerns: What are we worried about and what does this mean for the child(ren)?	Goals: What change do we need to see?	Actions: Who needs to do what and by when?	Updates: What actions have taken place and what change can we see for the child(ren)?
<p>We are worried that the children are missing at least a day a week at school. They are behind other children in maths and English. When Tilly and Josephine are not in school, they seem to spend a lot of time at home watching TV.</p> <p>We worry that they may fall further and further behind their friends at school and this will affect their confidence and their friendships.</p>	<p>We want Tilly and Josephine to attend school every day</p> <p>We want Tilly and Josephine to enjoy what they do at school and be supported to catch up with their classmates, as we know they have the potential to do this.</p>	<p>Parenting Support Service to work with Amanda around boundaries and routines in the home beginning with getting the children to school. Initial Meeting on 06/05/19, weekly visits planned, to review after 6 weeks.</p> <p>Amanda to make sure the girls attend school every day and let the school know the reason why by 9am if they can't.</p> <p>School to meet with Amanda separately to agree a plan so that they can catch up on their maths and English and Amanda to help them with their homework. Within 3 weeks - progress to be reviewed in CIN Reviews.</p>	<p>Possible indicators of change:</p> <ul style="list-style-type: none"> ● Attendance records; ● School reports around achievement levels; ● Feedback from school about their communication with Amanda.
<p>We are worried that the home environment is not good enough: it can be dirty and chaotic, with stuff like dirty dishes and clothes all over the place. The girls' bedroom regularly does not have bedding when seen.</p>	<p>We want the girls to live in a clean and tidy home.</p> <p>We want Tilly and Josephine to be clean and well dressed every day, so they can feel good about the way they look.</p>	<p>Parenting Support Work to include work around improving and maintaining the home environment (see above).</p> <p>Social Worker to complete Home Conditions Assessment with Amanda and agree what needs to be done to improve</p>	<p>Possible indicators of change:</p> <ul style="list-style-type: none"> ● Observations during announced and unannounced visit; ● Feedback from Parenting Support Worker, school and other professionals;

<p>The school are worried that the girls' uniform is not always clean and other children can tease them about being smelly and having nits.</p>	<p>We want them to feel confident about having friends over to play.</p>	<p>the condition of the home - within 2 weeks.</p>	<ul style="list-style-type: none"> • Home Conditions Assessment tool before, during and after measurement.
<p>We are worried that asthma is a potentially very serious medical condition that if not properly managed could be life threatening.</p>	<p>We want Amanda to make sure Josephine accesses the right medical advice and support to safely manage her asthma.</p>	<p>The Social Worker to go with Amanda to a meeting with the Practice Nurse at Josephine's GP surgery on 15/06/19 to review Josephine's treatment plan.</p> <p>The GP surgery to notify the Social Worker of all appointments offered for Josephine's asthma, so that they know when Amanda needs to get her to them.</p>	<p>Possible indicators of change:</p> <ul style="list-style-type: none"> • Attendance at health appointments; • Feedback from medical professionals.
<p>We are worried that Amanda seems to have very little support from friends and family, which means she struggles to do what she needs to for her girls.</p>	<p>We want Amanda to feel she has support from her friends and family to help her achieve the goals in this plan.</p>	<p>Family Network Meeting to think about who in Amanda's network might be able to support Amanda, within 6 weeks.</p> <p>Serious attempts to be made by the Social Worker to get hold of the girls' dad to get him involved in this plan</p>	<p>Possible indicators of change:</p> <ul style="list-style-type: none"> • Evidence over time of Amanda's network offering practical support; • Evidence of the girls' father acting on his parental responsibilities to Tilly and Josephine.

What might make us more worried for the child(ren) and what would happen then?

This plan will be reviewed every 3 months at a CIN Review. If change is not being achieved and we feel the girls' day-to-day lives are not getting better, we will need to think about whether a Child Protection Plan is needed.

Parental Mental Health Issues

Kyan (10) and Jason (7) live with their mother, Gladys. Gladys has a significant history of mental health issues, having been hospitalised twice in the past for psychotic episodes. She is under the care of the CMHT, however, her engagement recently has been limited. There are some concerns about the cleanliness of the home and Gladys is reluctant for professionals to visit it. The boys' school report that their physical presentation has deteriorated over recent months and Kyan and Jason are presenting as more anxious. When spoken to, they did not seem aware of their mother's mental health issues and spoke very little about life at home. They could not name adults outside of school that they trust. They have only sporadic contact with their dad, who the Social Worker has not managed to reach by phone.

Concerns: What are we worried about and what does this mean for the child(ren)?	Goals: What change do we need to see?	Actions: Who needs to do what and by when?	Updates: What actions have taken place and what change can we see for the child(ren)?
<p>We are worried that the children may not understand what is going on for their mum and what has made her unwell in the past. This might mean some of her behaviour has been very frightening and confusing for them.</p>	<p>We want Kyan and Jason to understand more about their mum's difficulties and know she is getting help.</p> <p>We want them to know how to spot if she's getting unwell and how they can get help.</p>	<p>Social Worker and Care Coordinator to attempt to meet together with Gladys and the boys to talk about her mental health issues and agree a safety plan for the boys.</p> <p>School to arrange for the boys to have extra support from an adult at school who they get on with - within 2 weeks.</p> <p>Social Worker to talk to Gladys about attending Kids Time Workshop - prior to next CIN Review, if Gladys engages meaningfully with them.</p>	<p>Possible indicators of change:</p> <ul style="list-style-type: none"> • Kyan and Jason are able to confidently tell others about their safety plan for if and when their mum becomes unwell.
<p>We are worried that Kyan and Jason do not seem to have safe and trusted adults around them that they feel they can talk to if they are worried about their mum.</p>	<p>We want Kyan and Jason to have people that they can talk to and rely on other than their mum.</p>	<p>Social Worker to keep making attempts to contact the boys' dad. To try announced and unannounced home visits over the next 2 weeks to his home and his mother's home.</p> <p>Social Worker and Care Coordinator together meet with Gladys to explore her friends and family network - within 4 weeks</p>	<p>Possible indicators of change:</p> <ul style="list-style-type: none"> • Evidence of the boys' father acting on his parental responsibilities to Kyan and Jason; • Evidence of other support being offered and taken up from Gladys' informal network; • Attendance at CMHT support groups.

		<p>- then explore possibility of a Family Network Meeting.</p> <p>Care Coordinator to continue to encourage Gladys to attend support groups organised by the Community Mental Health Team.</p>	
<p>We are worried that Gladys may be having a low period in her mental health, which means she is struggling to give her boys everything they need.</p> <p>We are worried that if she becomes really unwell in her mental health, that it may not be safe for Kyan and Jason to be in her care until she gets help from mental health professionals.</p>	<p>We want Gladys to feel willing and able to get the right support for her mental health issues.</p> <p>We want to feel reassured that at the moment the boys are safe and well in their mother's care.</p>	<p>Joint visit to be undertaken between Social Worker and the Care Coordinator to review Gladys' support plan - booked for tomorrow.</p> <p>Community Mental Health Team to arrange for Gladys to have a review with her psychiatrist next week. If she does not attend, to consider threshold for Mental Health Act assessment and inform the Social Worker.</p> <p>Social Worker to undertake announced and unannounced home visits at least every 2 weeks for 8 weeks or until there is greater clarity about the CMHT plan.</p>	<p>Possible indicators of change:</p> <ul style="list-style-type: none"> ● Feedback from mental health professionals that Gladys is taking the recommended medication and attending her appointments with them and seems okay. ● Feedback from other members of the professional network.

What might make us more worried for the child(ren) and what would happen then?

This plan will be reviewed every three months at a CIN Review. However, we will need to stay in close contact with the Community Mental Health Team and if there are signs that Gladys' mental health, we will need to agree with them any urgent action to ensure she and the children are safe and well.

Parental Substance Misuse

Jane (14) and Simon (10) live with their mother, Sam, and their older brother, Kyle (19). All three siblings have been on CP Plans twice previously, in different boroughs, due to domestic violence with Kyle's father and then Simon's father, and due to neglect (poor school attendance, poor home environment). The family moved to Hackney 2 years ago. The family were referred after Sam told her GP that she was pregnant and using crack cocaine. She did not continue with this pregnancy. Sam is out of work. Kyle is not attending college and frequently has friends over who are smoking cannabis in his room. Kyle has recently told the social worker that his mum is a 'crackhead' and that he has seen her and her friends use illicit drugs in the home. Jane's laptop was stolen from the home when Sam's friends were around. Jane is very anxious at school although is a high achiever and Simon is behind his peers. The social worker has witnessed Sam's inconsistent and erratic moods during home visits.

Concerns: What are we worried about and what does this mean for the child(ren)?	Goals: What change do we need to see?	Actions: Who needs to do what and by when?	Updates: What actions have taken place and what change can we see for the child(ren)?
<p>We are worried that Jane and Simon's home is not safe for them because there are unknown adults coming in and out, who may possibly be using or even selling drugs. This means that Jane and Simon do not have any space at home in which they feel safe, can relax or bring friends home to.</p>	<p>We want the home to become a safe place for Jane and Simon.</p>	<p>Social Worker to agree a Safety Plan with Sam and Kyle about drug use in the home and the adults who will be allowed to visit. To be monitored via at least fortnightly announced and unannounced home visits.</p> <p>Social Worker to agree a Safety Plan with the children around Sam's drug use (within 2 weeks) and do direct work with the children around parental substance misuse with Ellie from Lifeline - to be reviewed at Core Groups.</p>	<p>Possible indicators of change:</p> <ul style="list-style-type: none"> ● No evidence of drug use at home during visits; ● No evidence of unknown adults in the home during visits; ● Feedback from Jane and Simon about what's going on for them at home.
<p>We are worried that Jane is very anxious at school but will not talk about this with anyone. We are worried that this may be because Sam is often very up and down with her emotions at home and will shout at Jane unexpectedly or dismiss her views.</p>	<p>We want Jane to be able to speak to someone about her worries and to feel less stressed.</p> <p>We want Simon to enjoy his learning and to get additional support to help him try and catch up to his peers.</p>	<p>Mr Smith, Head of Year, to continue to check in with Jane on a twice weekly basis and to offer her the school's counselling service.</p> <p>Learning mentor to meet with Simon twice a week to offer additional support in English and maths and a safe space to talk.</p>	<p>Possible indicators of change:</p> <ul style="list-style-type: none"> ● Feedback from schools, including attendance and attainment levels; ● Feedback from Parenting Support; ● Feedback from the family.

<p>We are worried that Simon is behind his peers at school and with everything going on at home is likely to really struggle to catch up and in the transition to secondary school.</p>	<p>We want the children to know that their mum will offer them lots of praise and warmth when they are good and be calm and consistent in her response when they act out.</p>	<p>Parenting Support Commissioning Meeting to be held within 2 weeks, to focus on Sam's parenting and how she can look after the children better.s. To be reviewed every 6 weeks, with weekly visits.</p>	
<p>We are worried that Sam is using quite a lot of crack cocaine. This means she will struggle to provide her children with the care and attention that they need to be safe and well and feel happy and settled.</p>	<p>We want Sam to work with help to reduce and over time stop her use of crack cocaine and other illegal drugs</p>	<p>Social Worker to organise a hair strand drug test to take place within the next 3 weeks.</p> <p>Social Worker to carry out random weekly drug tests.</p> <p>Sam to continue to attend weekly appointments with Ellie from WDP, progress to be reviewed at Core Groups.</p>	<p>Possible indicators of change:</p> <ul style="list-style-type: none"> ● Observations of Sam i.e. whether she has appeared to be under the influence of drugs on visit; ● Feedback from Lifeline about Sam's engagement and progress in terms of addressing her substance misuse.

What might make us more worried for the child(ren) and what would happen then?

We would feel more worried for the children if there is little evidence of changes at home within a further 3 months. We would be particularly worried if any information came to light that there was class A drug use in the home or adults who are not safe visiting. If this were to be the case, as the family are already subject to a Child Protection Plan, we would need to speak with the family about whether it is safe for the children to remain in the care of their mother at home.

Physical Abuse

Priya (5) and Freya (8) live with their mum, Angelina, and step dad, Sayid. One day Priya appeared withdrawn at school. She was then found to have significant injuries to her neck, back and head which she said were from her dad, but would not speak further. Priya's older sister Freya said that their dad had hit Priya with a metal shower head as Priya was being naughty in the shower. Sayid insisted that Priya fell in the shower, causing her injuries, however a CP Medical assessed them to be non-accidental and the doctors that Priya appeared quite traumatised by what had happened to her. Angelina has asked Sayid to leave the home for now, which he has, although he maintains the injuries were accidental. The children speak warmly of Sayid and want him back home. The family does not have a history with CFS, although previous partners have alleged DV against Sayid and he has one charge. The wider family of both Angelina and Sayid provide support.

Concerns: What are we worried about and what does this mean for the child(ren)?	Goals: What change do we need to see?	Actions: Who needs to do what and by when?	Updates: What actions have taken place and what change can we see for the child(ren)?
<p>We are worried that Priya was physically harmed by Sayid, and that she had serious injuries on several parts of her body.</p> <p>We do not have any evidence to suggest this has happened to Priya or her sister before, but this is possible. We are very worried that this could happen again.</p>	<p>We want for everyone - and most importantly Priya and Freya - to know that they will not be hurt by Sayid.</p> <p>We want Sayid to take responsibility for harming Priya.</p>	<p>Angelina and wider family members (tba) to supervise contact between the children and Sayid. How this is going will be discussed at each fortnightly social work visit and at monthly Core Group meetings.</p> <p>Sayid to meet with the Social Worker initially for 4 parenting sessions over the next 8 to 10 weeks to explore his views on the incident and what he thinks is a good way to bring up children safely.</p> <p>Sayid to attend a screening session with Domestic Abuse Services on 19/06/19 to see if he would be suitable for the Better Men group.</p>	<p>Possible indicators of change:</p> <ul style="list-style-type: none"> ● No reports of incidents of concern; ● Positive observations of Priya and Freya in Sayid's company; ● Outcome of parenting sessions; ● Feedback from Domestic Abuse Services on Sayid's engagement.

<p>We are worried that because a lot of big and potentially scary things have happened to their family since Priya's injuries were first noticed, the girls may not want to speak to adults if something bad happens again.</p>	<p>We want Priya and Freya to feel they have a group of trusted adults in their lives to talk to if they are worried.</p>	<p>Social Worker to meet with the girls at least every 2 weeks for direct work around parenting and family violence. A Safety Plan with the girls should be agreed at the next visit and regularly reviewed.</p> <p>SENCO to organise for Priya and Freya to have a named person at school who they can go to if they are worried.</p> <p>A Family Network Meeting with both families to be set up within 4 weeks to think about a family safety plan for the girls, including around managing safe contact and the possibility of Sayid moving out of the home.</p>	<p>Possible indicators of change:</p> <ul style="list-style-type: none"> • Reports from the girls that they feel happy at home and with Sayid; • Priya and Freya being able to confidently tell others their safety plan; • Evidence family safety plan is being adhered to; • Feedback from school.
<p>We are worried about Sayid's history of being in relationships where he has used violence before. We are worried that this may mean he may act in the same way towards Angelina, unless he has learnt to change his behaviour. We know that it is really frightening and harmful for children to be around adults who can be violent.</p>	<p>We want Angelina to be aware of Sayid's violent history and to know more about how abuse in relationships can develop over time, so that she can be supported to make safer decisions about her family life.</p>	<p>Social Worker to request Clare's Law disclosure about Sayyid's past for Angelina from the police, within 2 weeks.</p> <p>Social Worker and Domestic Abuse Services to meet together with Angelina to discuss the concerns about Sayid's past, in light of recent events, and try to agree a plan of support for her going forward. To be reviewed at Core Groups.</p>	<p>Possible indicators of change:</p> <ul style="list-style-type: none"> • Feedback from Domestic Abuse Services about Angelina's position and engagement.

What might make us more worried for the child(ren) and what would happen then?

We would be very worried if Priya or Freya was hurt again or if either child appeared to be frightened of Sayid. We would be very worried if there was any domestic abuse between Sayid and Angelina. If either of these things were to happen then first we would want to talk to Angelina about her relationship and longer-term intentions with Sayid, to establish whether she / the children are safe at home.

Reluctance to engage in a CIN Plan - Initial CIN Plan

Kian, aged 11, has been referred for a Child and Family Assessment three times in the past 16 months, for a number of different issues, including poor school attendance and parental cannabis use, a police call out to a domestic violence incident with Kian's father, and an incident where Kian went missing for a number of hours one evening. Kian was previously made subject to a Child Protection Plan as an infant due to concerns about domestic violence and had a further 13 months on a CIN Plan when 7 due to concerns about neglect. Although the parents have been separated for a number of years, there are periodic police call outs about disputes between them. Although outwardly compliant, Grace is reluctant to have longer-term social work involvement as she struggles to see the benefit, but she has agreed to have a further conversation. It has been a struggle to get in contact with Kian's father, Brian.

Concerns: What are we worried about and what does this mean for the child(ren)?	Goals: What change do we need to see?	Actions: Who needs to do what and by when?	Updates: What actions have taken place and what change can we see for the child(ren)?
<p>We are worried that Kian's mother, Grace, does not share our concerns about Kian and struggles to understand why we are worried about him.</p> <p>We understand that the only thing Grace feels needs to change is the family's housing situation. Because of this, we are worried that Kian's needs will remain unmet without additional support</p>	<p>We will work to develop the Goals with Grace, Brian and Kian to ensure that Kian is safe and well cared for.</p> <p>We would like Grace to feel that there are some changes that she - alongside others - can work towards to reach these goals.</p> <p>We would like it to be clear for everyone that making changes that last is difficult and can take time and energy.</p>	<p>The Social Worker to meet regularly with Kian alone (at least every 3 to 4 weeks) to think with him further about what he sees, hears and worries about in his day-to-day life and what he might like to be different.</p> <p>The Social Worker to spend time over the next 12 weeks exploring with Grace the family history with services, thinking with her about what help has worked well and what has not and the reason why. This can be put together in a chronology of interventions, with the outcomes achieved for Kian highlighted for each intervention.</p>	<p>Possible indicators of change:</p> <ul style="list-style-type: none"> • There is a clear understanding of Kian's experiences and what he would like to change. • Shared goals with Grace have been identified to work towards as part of the CIN Plan going forward from the point of first CIN Review at 3 months. • The challenges Grace faces in making changes have been identified and interventions to help her overcome these agreed as part of the CIN Plan going forward from the first Review e.g. work

		The Social Worker to map with Grace the challenges she faces in making changes - things like the housing situation, the way things are with Brian, her cannabis use and her lack of trust of social workers - and think about any support she might need to help overcome these.	with Domestic Abuse Services to understand the dynamics of abuse.
We are worried that sometimes Kian's father's behaviour is frightening to his son and Grace and he does not always seem to be around to support Kian and help Grace with parenting.	We would like Brian to believe that what he says, what he does and how he feels is really important to us. We would like Brian to be fully included in a plan to make life better for his son.	The Social Worker to continue to try and reach out to Brian between now and the next CIN Review in the following ways: <ul style="list-style-type: none"> • Check with Probation about whether he is open to them and if so, arrange joint visit with them; • If not, attempt to visit him at home - try announced and then unannounced if needed; • Keep in contact by phone and text; • Invite him to important meetings and share all plans and assessments with him. 	Possible indicators of change: <ul style="list-style-type: none"> • Brian is talking to the Social Worker about what he wants for Kian and the role he plays in this; • Goals and actions for Brian are agreed for Brian as part of the ongoing CIN Plan from the first Review.
We are worried that neither Grace or Brian's family know about our worries for Kian, which means we can't talk to them about how they might be able to make things better for him.	We would like to know about the support that may be available for Kian, Grace and Brian from their friends and family. We would like to see Kian's wider family working together and with us on a plan to help make sure he is always safe and well.	The Social Worker to create a map with Kian, Grace and Brian (if they can) of the important people in their lives. The Social Worker to talk to family about how helpful it could be to have a family meeting and to explain to them how Family Group Conferences work.	Possible indicators of change: <ul style="list-style-type: none"> • The Social Worker has a good understanding of the potential resources available in the family network that could support change. • The family agree to a Family Group Conference and this is being organised.

What might make us more worried for the child(ren) and what would happen then?

We would be worried if Grace and Brian did not want to work with us on this plan. We would not be able to continue with a Child in Need Plan without their

agreement. If this were to happen, we assess that it is likely that very little will change for Kian and there is a chance that the worries about Kian's cannabis use, school attendance, and seeing his dad's frightening behaviour could continue or increase.

At this point in time, we do not assess that Kian is at significant risk of harm, therefore we do not recommend that a Child Protection Plan is considered, this type of plan would involve us continuing to work with the family without Grace or Brian's agreement. If it is not possible to work with them voluntarily on the plan suggested above, we will ask that the people around Kian, specifically his school and the Learning Trust attendance officer, continue to meet with Kian and Grace to address the areas of worry. We will also ask that Kian and Grace agree to a referral to Young Hackney for a short 6-8 week piece of work around cannabis use and overcoming barriers to school attendance. This again will be voluntary but would mean that Kian would not remain open to a social worker. If anyone around Kian, or Kian himself, becomes more worried about his safety or any other form of harm, then we would have no choice but to hold a consultation with the family and professionals about moving forward with a non-voluntary Child Protection Plan.