

**Plan**

**Clackmannanshire Children & Young Person GIRFEC Integrated Assessment & Care Plan**

**Section 1 – Core Information**

Fields marked with an asterisk (\*) are mandatory.

**Meeting details**

|  |  |  |  |
| --- | --- | --- | --- |
| Type\* | Date | Time | Venue |
| Choose an item. |  |  |  |

**Personal details**

|  |  |  |
| --- | --- | --- |
| Forename\* | Surname\* | Known as |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Gender\* | Date of Birth/  Estimated date of delivery\* | Place of Birth | Client I.D Number |
| **Choose an item.** |  |  |  |

|  |  |  |
| --- | --- | --- |
| Home Address\* | Contact telephone number(s)\* | |
|  | Home: |  |
| Mobile: |  |
| Work: |  |

**\*\*\* !! Non-Disclosure Request!! \*\*\* Report writers are responsible for making a non-disclosure request using the form which the reporter provides with the report request. If no non-disclosure request is made, the reporter will presume that providing the document or information in full to those entitled to receive it, will not be likely to cause significant harm to the child\*\*\*. COMPLETE THE SCRA FORM IF YOU BELIEVE THE THRESHOLD FOR NON-DISCLOSURE IS MET. This is the Lead Professional’s (report writers) responsibility.**

|  |  |
| --- | --- |
| School / Early Learning Centre / Child Care |  |

|  |  |
| --- | --- |
| Additional support plan | Choose an item. |

|  |  |  |
| --- | --- | --- |
| Current Placement\* | Choose an item. | |
| Is the address subject to a ’non-disclosure order’ ? | Choose an item. | |
| Placement / Person Caring details\* | Placement telephone number(s)\* | |
|  | Home: |  |
| Mobile: |  |
| Work: |  |

**Personal Details**

|  |  |
| --- | --- |
| Child Protection Register Dates\* |  |

|  |  |  |
| --- | --- | --- |
| Main Language\* | Choose an item. | |
| If ‘other’, please specify: |  |
| Interpreter Needed ? | Choose an item. |
| Translation requirements | Choose an item. |

|  |  |  |  |
| --- | --- | --- | --- |
| Religion\* | Choose an item. | | |
| Ethnicity\* | Choose an item. | | |
| Disability\* | Choose an item. Choose an item. | | |
| Young Carer\* | Choose an item. | | |
|  | If ‘Yes’, details of person cared for: | |  |
| Legal Status\* | Choose an item. | | |
| Please specify any conditions | | |
| Immigration status  (Please mark with ‘X’) | Not Applicable | | |
| Child of a person with no resource to public funds | | |
| Unaccompanied asylum-seeking child | | |
| Home Office Identity Number: |  | |
| Port Reference Number: |  | |
| Documentation: | | |

**Parent’s Details\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Mother | | Father | |
| Forename |  | |  | |
| Surname |  | |  | |
| Birth surname (if different) |  | |  | |
| Other names (if any) |  | |  | |
| Date of Birth |  | |  | |
| Client ID No (if applicable) |  | |  | |
| Parental Responsibility – if ‘some’ please add details | Choose an item. | | Choose an item. | |
| Address (if different to child’s address) |  | |  | |
| Telephone |  | |  | |
| Main Language | Choose an item. | | Choose an item. | |
|  | If ‘Other’,  specify |  | If ‘Other’,  specify |  |
|  | Interpreter needed ? | Choose an item. | Interpreter needed ? | Choose an item. |

**Other Significant Children\***

|  |  |  |  |
| --- | --- | --- | --- |
| Also Referred | Relationship | Forename | Surname |
|  | Choose an item. |  |  |
| Gender | Ethnicity | Language | Date of Birth |
| Choose an item. | Choose an item. |  |  |
| Address (if different) |  | | |
| CFIS ID |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Also Referred | Relationship | Forename | Surname |
|  | Choose an item. |  |  |
| Gender | Ethnicity | Language | Date of Birth |
| Choose an item. | Choose an item. |  |  |
| Address (if different) |  | | |
| CFIS ID |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Also Referred | Relationship | Forename | Surname |
|  | Choose an item. |  |  |
| Gender | Ethnicity | Language | Date of Birth |
| Choose an item. | Choose an item. |  |  |
| Address (if different) |  | | |
| CFIS ID |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Also Referred | Relationship | Forename | Surname |
|  | Choose an item. |  |  |
| Gender | Ethnicity | Language | Date of Birth |
| Choose an item. | Choose an item. |  |  |
| Address (if different) |  | | |
| CFIS ID |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Also Referred | Relationship | Forename | Surname |
|  | Choose an item. |  |  |
| Gender | Ethnicity | Language | Date of Birth |
| Choose an item. | Choose an item. |  |  |
| Address (if different) |  | | |
| CFIS ID |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Also Referred | Relationship | Forename | Surname |
|  | Choose an item. |  |  |
| Gender | Ethnicity | Language | Date of Birth |
| Choose an item. | Choose an item. |  |  |
| Address (if different) |  | | |
| CFIS ID |  | | |

**Other Significant Adults (including Kinship Carer, Foster Carer)\***

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship | | Forename | Surname |
| Choose an item. | |  |  |
| Gender | Ethnicity | Language | Date of Birth |
| Choose an item. | Choose an item. |  |  |
| Address (if different) |  | | |
| Tel No. |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship | | Forename | Surname |
| Choose an item. | |  |  |
| Gender | Ethnicity | Language | Date of Birth |
| Choose an item. | Choose an item. |  |  |
| Address (if different) |  | | |
| Tel No. |  | | |

**Professionals / Agencies involved (including Named Person)\***

|  |  |  |  |
| --- | --- | --- | --- |
| Role / Agency | | Child/Adult concerned | Name of Professional |
|  | |  |  |
| Address |  | | |
| Tel No. |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Role / Agency | | Child/Adult concerned | Name of Professional |
|  | |  |  |
| Address |  | | |
| Tel No. |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Role / Agency | | Child/Adult concerned | Name of Professional |
|  | |  |  |
| Address |  | | |
| Tel No. |  | | |

|  |
| --- |
| Family Background & History |
|  |

**Section 2 – Overview & Summary of Assessment**

|  |
| --- |
| Purpose of Assessment |
|  |

|  |
| --- |
| Sources used in assessment (tick all that apply) |
| Information provided by the child / young person  Observations of baby / infant |
| Information provided by parent(s) |
| Observations of the parent(s) |
| Information provided by family |
| Information provided by carers |
| Information shared by multi-agency partners |
| Information from social work & multi-agency records |
| Other |

|  |
| --- |
|  |
| Has this assessment been shared with the child / young person and their parent(s) / carer(s)\*] |
| Has the child / young person been prepared for the meeting\* |
| Have the parent(s) / carer(s) been prepared for the meeting\*       see section 6 |

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|  |
| Analysis & summary of **strengths** needs and **risk** overview. |

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| Progress summary and evaluation of child’s / young person’s plan. |

**Section 3 – Chronology of Significant Events**

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Forename\* | Surname\* | DOB/EDD | Client ID Number |
|  |  |  |  |

**(PLEASE ENSURE THAT THE ALERT LEVEL STATUS (R /A/ G) IS COMPLETED FOR EACH ENTRY)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Source | Significant Event | Age | Impact | Action | Alert  Level |
|  |  |  |  |  |  |  |

**Visual Alert Codes:**

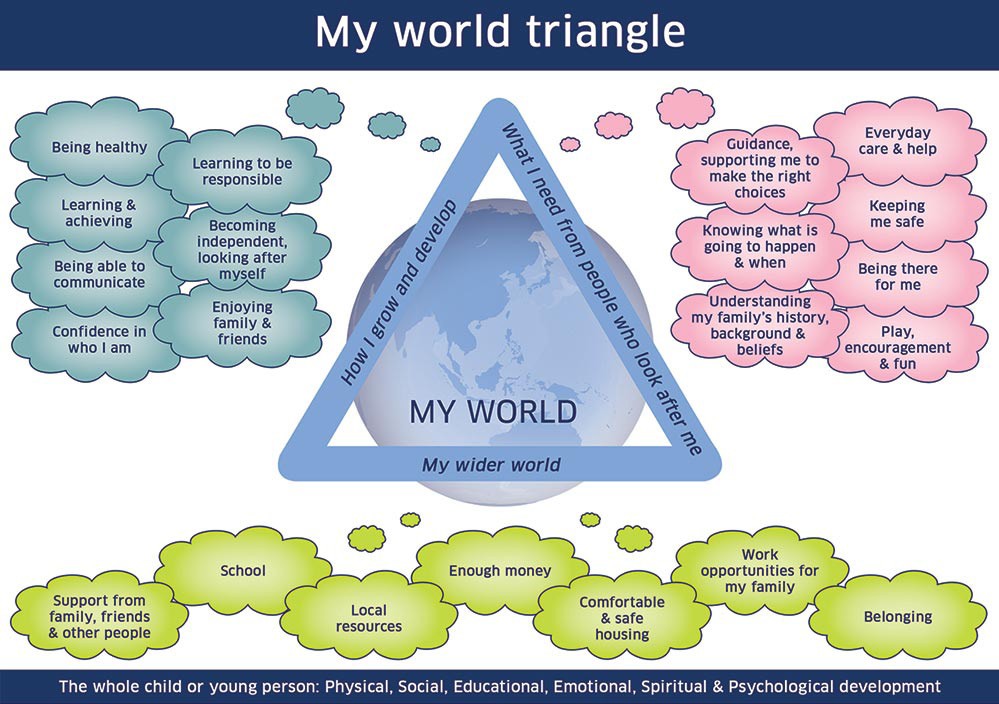
**Green** – denoting visual pattern of **positive & promising** behaviours, attitudes & actions that could be

**beneficial** and promote positive outcomes for the child’s wellbeing. **G**

**Amber** – denoting emergent new and **moderate risks incidents**, behaviours, attitudes and actions that could be **moderately detrimental** to the child’s wellbeing particularly if pattern emerges. **A**

**Red** – denoting a **high risk incident(s)**, behaviours, attitudes & actions that could be **seriously detrimental** to the child’s wellbeing.  **R**

**Section 4 – Assessment of Development & Wellbeing**



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|  |
| How well is the child / young person growing and developing ? |

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|  |
| What does the child / young person need from the people who look after them ? |

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| Detail any current / proposed contact arrangements and the impact of this on the child / young person? This must also include sibling contact. The views of the child regarding contact must also be clearly stated in this section. |

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|  |
| What does the child / young person need from the wider environment ? |

**Section 5 – Risk Protection & Resilience**

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| --- |
| **Resilience / Vulnerability Matrix** |

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| --- | --- | --- |
| Resilient Child  High adversity | Resilience | Resilient Child  Protective  Environment |
| Good attachment, Good self esteem, Sociability, Intelligences, Flexible temperament, Problem solving skills, Positive parenting |
| Adversity |  | Protective Environment |
| Live events / crises, serious illness, loss / bereavement, Separation / Family breakdown, Domestic violence, Asylum seeking status, Serious \ parental difficulties - e.g. substance misuse, Parental mental illness, Poverty | Good school experience, One supportive adult, Special help with behavioral problems, Community networks, Leisure activities, Talents and interests |
| Vulnerable Child  High adversity | Vulnerability | Vulnerable Child  Protective  Environment |
| Poor attachment, Minority status, Young age, Disability, History of abuse, Innate characteristics in child / challenge development, A loner / isolation, Institutional care, Early childhood trauma, Communication differences, inconsistent, neglectful care |
|  |
|  | | |
| **Variables**  Timing and age, Multiple adversities, Cuculative protectors, Pathways, Turning points, A sense of belonging |  | **Interventions**  Strengthen protective factors and resilience, Reduce problems and address vulnerability, Achieve initial small improvements |

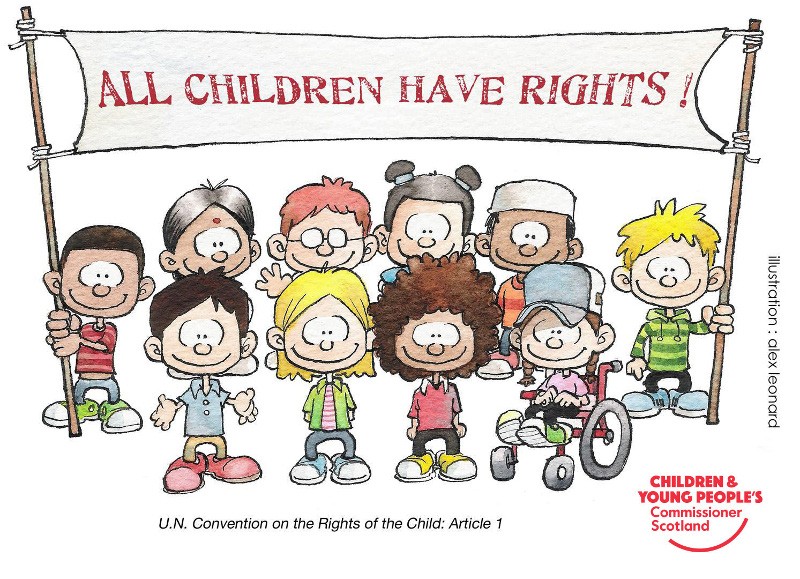
|  |
| --- |
|  |
| What are the **risks posed by the child / young person to themselves?** |

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| --- |
|  |
| What are the **risks posed by the child / young person to others?** |

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| --- |
|  |
| What factors make the child / young person particularly **vulnerable to risk?** |

|  |
| --- |
|  |
| What **protective factors and strengths** would increase the child’s / young person’s resilience and reduce adversity (what is working well)? |

**Section 6 – Participation, Rights & Views**



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| --- |
|  |
| What are the **child’s / young person’s views** about their circumstances and **wishes** for the future? How were the child’s views captured? E.g. 3 houses ( include disagreement with any aspect of this assessment /plan). Is there an Advocacy Support Person who has promoted the child’s participation? |

|  |
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|  |
| What are **the parent’s / carer’s views** about their circumstances and **wishes** for the future ? (Include disagreement with any aspect of this assessment & plan) ? |
| Prehearing panel request to be excused |

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|  |
| **Team around the child’s views**. Is there agreement or disagreement regarding the care plan and recommendation? How has this been resolved? |

**Section 7 – Summary, Conclusions & Recommendations**



**Summary**

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|  |
| Summary & analysis of **Strengths,** Chronology, **Needs, Risks** and Views. **Evaluation** of early help and previous multi-agency interventions including Child & Adult Services. What **difference did it make** to the **wellbeing** of the child? What is the assessment of capacity for change? |

**Recommendations**

|  |
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|  |
| Recommendations. Must flow from the assessment. (No new information should be introduced in this final section. |

**Section 7 (ii) Children’s Hearing (Scotland) Act 2011 – Compliance with Rule 80 Information for Children’s Hearings – Carer Information. \*This information is mandatory and must be completed if there is a proposed placement with an alternative carer\***

|  |
| --- |
|  |
| Name and Address of Carers: |

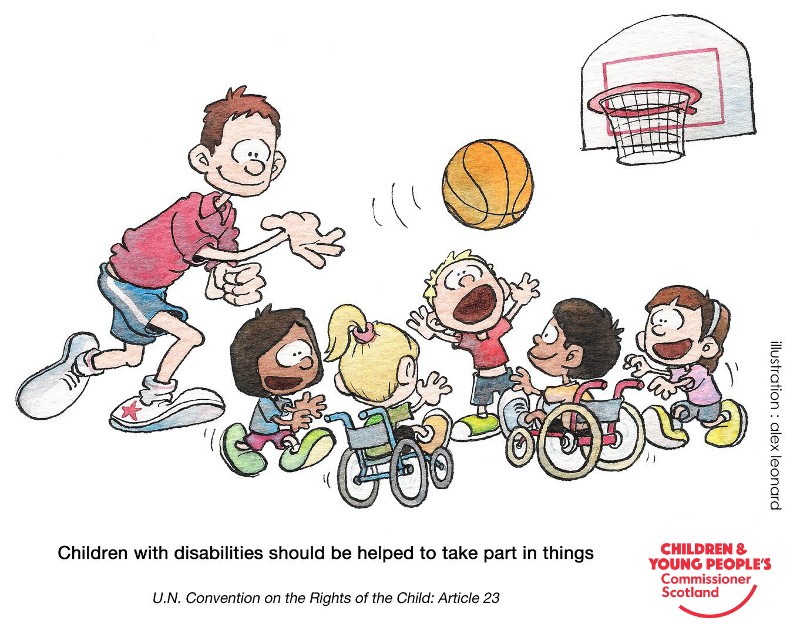
|  |
| --- |
|  |
| Rule 80(a)(i) – Identified needs of the child |

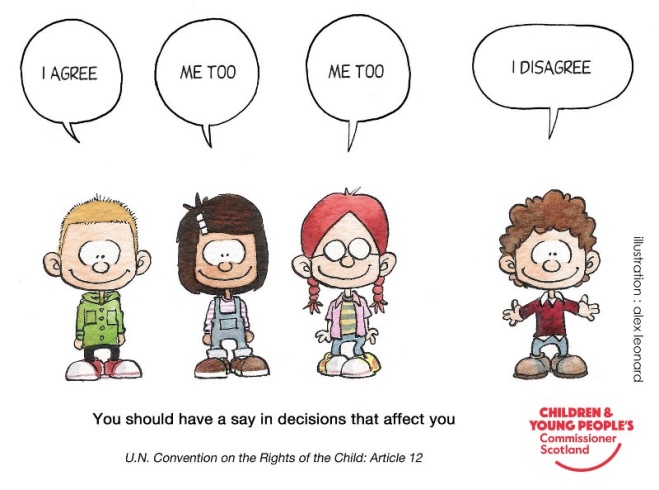
|  |
| --- |
|  |
| Rule 80(a)(ii) – Statement of suitability of place (s) to meet the child / young person |

|  |
| --- |
|  |
| Rule 80(a)(iii) – Statement of suitability of the person who is to have “charge” or “control” of the child / young person to meet their needs. |

|  |
| --- |
|  |
| Rule 80(b) – The Local Authority confirms that they have carried out the procedures and gathered the information described in Regulation 3 and 4 of the Looked After Children (Scotland) Regulations 2009. |

|  |  |
| --- | --- |
|  |  |
| Name of Lead Professional\* |  |
| Job Title\* |  |
| Agency\* |  |
| Contact details – Address |  |
| Telephone Number\* |  |
| E-mail Address\* |  |
| Date\* |  |





**Child’s Wellbeing Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| Child/Young Person’s Forename | Child/Young Person’s Surname | | DOB/EDD |
|  |  | |  |
| Child’s Young Persons Legal status | **Choose an item.** | | |
| Any Conditions: | | | |
| Current Placement | Meeting Type | | |
| Choose an item. | Choose an item. | | |
| Date of Meeting | If review, date plan effective from | Venue | |
|  |  |  | |

**Plan Partners**

|  |  |  |
| --- | --- | --- |
| Role / Relationship | Child / Adult Concerned | Name of Professional |
|  |  |  |
| Address |  | |
| Tel. No. |  | |

|  |  |  |
| --- | --- | --- |
| Role / Relationship | Child / Adult Concerned | Name of Professional |
|  |  |  |
| Address |  | |
| Tel. No. |  | |

|  |
| --- |
|  |
| What is the immediate plan for the child’s / young person’s wellbeing? |

|  |
| --- |
|  |
| What is the longer term desired outcome for the child / young person? |

**Action**

**SAFE**

|  |  |  |
| --- | --- | --- |
| Need / Risk | Desired Outcome | Action |
|  |  |  |
| What resources are required? | Who is responsible for this action? | By When? |
|  |  |  |

**HEALTHY**

|  |  |  |
| --- | --- | --- |
| Need / Risk | Desired Outcome | Action |
|  |  |  |
| What resources are required? | Who is responsible for this action? | By When? |
|  |  |  |

**ACHIEVING**

|  |  |  |
| --- | --- | --- |
| Need / Risk | Desired Outcome | Action |
|  |  |  |
| What resources are required? | Who is responsible for this action? | By When? |
|  |  |  |

**NURTURED**

|  |  |  |
| --- | --- | --- |
| Need / Risk | Desired Outcome | Action |
|  |  |  |
| What resources are required? | Who is responsible for this action? | By When? |
|  |  |  |

**ACTIVE**

|  |  |  |
| --- | --- | --- |
| Need / Risk | Desired Outcome | Action |
|  |  |  |
| What resources are required? | Who is responsible for this action? | By When? |
|  |  |  |

**RESPECTED**

|  |  |  |
| --- | --- | --- |
| Need / Risk | Desired Outcome | Action |
|  |  |  |
| What resources are required? | Who is responsible for this action? | By When? |
|  |  |  |

**RESPONSIBLE**

|  |  |  |
| --- | --- | --- |
| Need / Risk | Desired Outcome | Action |
|  |  |  |
| What resources are required? | Who is responsible for this action? | By When? |
|  |  |  |

**INCLUDED**

|  |  |  |
| --- | --- | --- |
| Need / Risk | Desired Outcome | Action |
|  |  |  |
| What resources are required? | Who is responsible for this action? | By When? |
|  |  |  |

**Contingency**

|  |
| --- |
|  |
| What action will be taken if outcomes or agreements are not reached within specified timescales or if there are increased concerns for the safety, care or wellbeing of the child / young person? |

**Monitoring and Reviewing of the Child / Young Person’s Plan**

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| --- |
|  |
| What arrangements are in place for monitoring and reviewing the Child / Young Person’s Wellbeing Plan? |

**What is the Child / Young Person’s View of their Plan?**

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| --- |
|  |
|  |

**What is the Parent / Carer’s View of the Child’s Plan?**

|  |
| --- |
|  |
|  |

**Next Review Date**

|  |  |
| --- | --- |
| Date |  |
| Time |  |
| Venue |  |

**Lead Professional**

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Job Title |  |
| Agency\* |  |
| E-mail Address |  |
| Address |  |
| Tel. No\* |  |
| Date |  |





EVERYONE should know about the Convention on the Rights of the Child

*U.N. Convention on the Rights of the Child: Article 42*