

MORAY'S CHILD'S PLANNING GUIDANCE AND PROCEDURE

getting
it right
for every child
in Moray

CONTENTS

Subject	Page
Introduction	
• Universal Services and Universal Services with Support	2
• Targeted Intervention	
Prior to commencing Child's Planning – One Child One Plan	
Organising a Child's Planning Meeting – One Child One Plan	3
Practicalities of a Child's Plan Meeting – One Child One Plan	
Commencing a One Child One Plan meeting	4
Section 1 and 2 – Supporting guidance	5
Section 3 – Supporting guidance	6
Additional Information Gathering and Requesting Assistance	
• The Request for Assistance	8-10
• My Request for Assistance: <i>to support a request from another agency</i>	
Chronologies	
• Preparing and keeping a chronology	11-12
• A Key Event	
Single Agency Chronologies	
• Education – Early Learning Centre	12
• Education – Primary and Secondary	
• Health – Health Visitors and School Nursing teams	
Multi-agency chronologies	13
Analysis and review	
Closing Child's Planning - One Child One Plan	
• The process of an agency withdrawing from Child's Planning	
• The allocation of a new lead profession	
• Moving between different levels of Child's Planning	
• Closing of Child's Plan to All	13-14

Introduction

The Children & Young People Act (2014) introduced a single planning framework for children who require additional support that is not generally available through universal services. The Child's Plan builds on existing good practice across children's services in Moray, and compliments current universal planning processes. The aim of the Child's Planning process is to ensure that children, young people, and their families experience person centred, shared planning and review processes which ensure services collectively assess, identify and respond to needs and risks through a single co-ordinated planning process – One Child, One Plan.

The updated Child's Plan documents include planning processes: Pre-Birth Reviews, Health Reviews, Education reviews, Core Group meetings, Parental meetings. It also aligns closely with the Moray Child Protection Planning Process [Moray Child Protection Procedures](#). Please note the Request for Assistance should **not** be used for a child protection referral.

Universal Services and Universal Services with Support

In Moray the Child's Planning Process (CPP) enables agencies to work together in providing supports for children, young people and families where a need (or needs) has been identified. This could be at a single or multi agency level, where all agencies are universally available for all. Children's Services in Moray have agreed that a Multi-Agency approach will include all situations where a child or young person requires support to be provided by two or more services.

Children, young people and families have the right to say that they do not want a plan; however, they must accept support if a Children's Reporter or Sheriff says it is compulsory to keep them from harm or from harmful behaviours.

The 5 key questions

Before undertaking additional planning refer to the 5 GIRFEC Questions

What is getting in the way of this child or young person's wellbeing?

Do I have all the information I need to help this child or young person?

What can I do now to help this child or young person?

What can my agency do to help this child or young person?

What additional help, if any, may be needed from others?

Targeted Intervention

The Children & Young People Act (2014) also introduced the concept of a 'Targeted Intervention'. A Targeted Intervention refers to a service or support that is **not** universally available to all, as it is a more specialist / targeted approach which requires further assessment from the agency requested e.g. a specific intervention from a health professional or following a social work assessment.

To request a specialist/targeted approach a **Request for Assistance** form is to be submitted to the identified agency. If a single or multiagency child's plan has already been commenced this should also be included. The Request for Assistance and the Child's Plan will provide the agency/service with the detailed information that will allow them to consider an appropriate outcome for the child or young person and their family. No request for a targeted intervention will be accepted without this documentation.

The length of time a child needs targeted support coordinated through a Child's Plan will vary depending on their well-being needs and the effectiveness of the support in place.

Children / young people that may require a Child's Plan could include those who:

- are requiring support
- are in crisis
- are Looked After Children

- with significant Additional Support Needs
- with complex health needs

Prior to commencing Child's Planning – One Child One Plan

A flow chart has been designed to support professionals at Universal and Universal with support. This should be used alongside the [National Practice Model Guidance 2022](#) & [National Practice Model diagram](#) and the 5 GIRFEC questions when considering progressing to the Child's Planning Process.

There is a Wellbeing Assessment tool designed to support evidencing the need to open a Child's Plan. This is a tool to support. It uses the 5 GIRFEC questions and the National Practice Model to ensure that the correct decision/s are being made for and with the children, young person and their families.

Wellbeing Assessment Tool click here to see : [Wellbeing Assessment](#)

[GIRFEC Re-fresh Information](#)

Organising a Child's Planning Meeting – One Child One Plan

In Moray, significant work has been undertaken to develop guides – 'Better Meetings' – which have been identified as good practice and so are recommended when initiating the first 'My Child's Plan' meeting. [Better-Meetings- Generic-Practitioners-Guide.pdf](#)

Invites – use the letter format

Advance notice is to be through a written invite. Click the link to see the template : [Invite Letter template](#)

The Solution Oriented leaflet should be included within this correspondence and discussed with the child/young person and family to ensure understanding of the approach.

Click the link to see the leaflet : [Solution Oriented Leaflet](#)

Adequate notice to invitees should be considered to ensure maximum attendance. There is to be a clear expectation that those sending apologies are to give an updated report on any support they have given to the child/young person and/or family. Where possible, these reports should be shared with the child, young person and their families

Who should be invited?

Consider the number attending the meeting, as this will have an impact on the child/young person and their family as they may be overwhelmed by too many people in one room.

Location

Consideration should be given around accessibility needs.

The location can affect the tone and influence the emotional state of attendees.

When meeting face to face consider privacy, a comfortable environment, refreshments and tissues.

Information sharing/ Preparation time for the TAC

Consent for information to be shared must be gained from all parties.

For those attending the meeting all relevant information is given to them in advance of the meeting to minimise repetition of historical events which may cause upset and/or distress. All reports are to be shared with the child/young person and/or family. Submitted reports should be acknowledged in the minute of the meeting.

In person/virtual or hybrid

Consider if the meeting should be in person or on a virtual platform and which is the best option for the child/young person & their family. Offering a hybrid model is always good practice.

Preparing the Child/ Young person and the family –

When arranging a meeting it is important that there is dedicated time for and with the child/young person and family to prepare them, to gather their voice and to answer any questions. Links to tools for hearing the voice of the child/young person are below :

[Child's View Worksheet](#)

[Consulting Our Youngest Children Toolkit](#)

[Highland Council Psychological Service Tools](#)

[Keeping the Infant in Mind - Bradford](#)

[Voice of the Infant Best Practice Guidelines and Infant Pledge](#)

[My Feelings Workbook](#)

[My Say - Moray Council Visual Learner Tool](#)

[Voice of the Child NHSG Tool](#)

[Getting it Right For Every Child In Moray](#)

Advocacy

The explanation and offer for advocacy must take place. If an advocate is required, the child/young person and/or family may identify a 'person of trust' to attend the meeting either to support them or in their place. If this is not possible the named persons service or lead professional (if different) should support the allocation of an advocate using [Children's Rights Moray](#)

Practicalities of a Child's planning Meeting – One Child One Plan

Arrive early and be prepared

This sends a clear message to the child/young person, families and other professionals that there is a commitment to planning for the child and that this meeting is important.

Arrangements in the room

Consider the set-up of the room where the meeting is going to be held, where individuals will place themselves as this can have an impact on the tone of the meeting.

Consideration must be given to where the child/young person and the family would like to sit.

Welcome

Ensure that everyone is welcomed and that there is an offer of refreshments, a change in lighting or the opening of windows etc.

Introductions should be undertaken with an awareness that for some families ID badges can be intimidating and so removing them prior to the meeting may reduce anxieties.

Technology

Ensure that the technology required is in place, working and that it supports the meeting.

How the meeting will progress

Explain how the meeting will proceed using a Solution Oriented approach. Explain what this will look, feel and sound like. This should be a reminder, as prior to the meeting all attendees will have had the opportunity to become familiar with the Solution Oriented process. Anyone undertaking the role of chairperson should have completed the Solution Oriented Meeting training. This is regularly on offer to all agencies.



Section 1 and 2 – Supporting Guidance -

The Chairperson is responsible for ensuring that the meeting is held in a professional and time conscious manner, and should lead the Team Around the Child (TAC) through the process as follows :

All Pages

Header: The header should be completed with the Child or Young Person's details

Forename and Surname (as in health or school records)

EDD/DOB

Date of the meeting

Hover over the Header, Right Click , Edit Header, enter details then click Close Header.

Page 1 – Reason for opening plan and the CYP team

**The reason for opening My
Initial Plan or Review of Plan:**

Select an item from the drop-down box

Identify if this is an initial meeting or a continuation from a previous meeting by checking the appropriate box.

My Name:

Enter child or young person's names (as in health or school records) and include the name they prefer to be known as.

Parental Agreement for a plan to be opened:

This must be completed, as it is consent to allow information sharing

Purpose of the meeting including who has called the meeting:

Enter the identified unmet wellbeing need, the desired improvement and who has called the meeting

Page 1 - Section 1 - My Team

The people who are important to the Child/Young Person:

Enter all names identified by the child/young person and their relationship to them. These may not be people living in their home.

People helping me to give my voice and participate in my meeting:

Identification of **advocate, interpreter/translator and other** must be completed as part of gathering the voice of the child or young person.

People helping my parent/carer to give their voice and participate in my meeting:

Identification of **advocate, interpreter/translator and other** must be completed as part of gathering the voice of the parent/carer.

People attending the meeting:

All names, role/relationship, email (generic team email address for Health practitioners and admin email address for Education) of those who attended, along with apologies.

Any submitted updated reports received and shared must be recorded.

Page 2 – Information to support Child's Planning analysis and process

- 5 GIRFEC Questions
- Resilience Matrix
- My World Triangle
- National Practice Model

Page 3 - Section 2 – Record of My Meeting

Review of previous action plan (if not an initial meeting) must be completed:

Choose from the drop-down options. The previous plan should be open, discussed and commented on with incomplete actions copied into the minute of the current meeting.

What are you concerned/worried about?

Enter the views of the child, young person, family, and professionals. All views must be recorded as they are relayed in the meeting.

What is going well or what has improved since the last meeting?

Enter the views of the child, young person, family, and professionals. All views must be recorded as they are relayed in the meeting.

Section 3 – Supporting Guidance

Page 4 - Section 3 – The– Action Plan to help me - example questions to support discussion.

Questions to explore what has been successful	Questions to use to explore exceptions
<ul style="list-style-type: none"> • What has worked in the past? • What is going well now? • What is working ok? • What does not need changing? • What are the skills/competencies? • What are the strengths and resources? • What are the protective factors? • How are people managing to cope now? 	<ul style="list-style-type: none"> • Are there times when there are no problems? • How do you account for your ability to do that? • If things were to get a little better over the next couple of weeks, even in a small way, what would be happening differently? • Which strategies can grow, alter, or be retried? • Who can help? • How would this make a difference? • Who will notice when things improve?

Goals: How will we know things are getting better?

Enter goals that the child/young person, family and professionals agree. These are to be positive and achievable. Click the link below for more information about Goals and Outcomes :
[SMART Goals and Outcomes](#)

Actions: What do we need to do?

Ideas will be discussed and may be recorded on spare paper. Only record the **agreed actions** which positively support the agreed goal.

Who will lead and/or help to achieve this:

It is important to be clear who will be supporting the action this includes the child/young person and family. It is a TAC commitment, so all actions must be supported to make them achievable.

By When:

Please enter achievable dates and use these as a guide when setting the date for the next meeting.

Update: What was the outcome of the action?

Enter update at the beginning of the next meeting * **See section 2**
Include reports given by agencies unable to attend.

Measuring Progress:

If the action is complete – **completed**
If the action is underway but requiring more time – **in progress**
If the action has not be undertaken – **not started**

My views on the plan:

To be completed with the child/young person during the meeting.
If the child/young person is not in attendance, the Action Plan

must be discussed at a protected time and with a trusted adult. Views must be accurately recorded.

My family/carer's views on the plan:

To be completed with the family during the meeting. If the family is not in attendance and has agreed for the meeting to take place, the Action Plan must be discussed at a protected time and with a trusted adult. Views must be accurately recorded.

Date, Time, & Venue of next meeting:

These must be agreed before the meeting finishes, so that the TAC have a note of it, with consideration given to the suggestions offered by the child/young person and family.

Date plan closed to agency and name of agency:

If an agency is no longer required to support the family due to the completion and recorded sustainability of a goal, the date must be recorded along with which agency. It is good practice that the agency closing child/young person and or family attends this meeting either in person or virtually. They do not need to attend the whole meeting just the review of the previous action plan.

Date plan closed to all:

If all members of the TAC agree that the purpose of the plan, and all the agreed actions are complete, then the date the plan was closed should be recorded. This doesn't mean that a plan cannot be reopened if the need arises.

Additional Information Gathering and Requesting Assistance

The Role of the Wellbeing Co-ordinators and supports offered

The Wellbeing Co-ordinators provide advice, support and guidance to the named persons services, lead professionals and Team Around the Child to ensure that all available supports for children, young people and their families are explored and accessed. If the child, young person or family's needs are complex, or a suitable support or service is not evident or available, a Request for Assistance can be made to the Multi Agency Support Hub (MASH).

The Wellbeing Co-ordinators can be contacted at any point during the Child's Planning process or even before for support and guidance. They can also attend Child's Planning meetings to offer support if this is helpful to the process, contact details wellbeingcoordinator@moray.gov.uk

The Request for Assistance

As with all paperwork relating to Child's Planning, it is very important that all core details on the plan are checked regularly and updated.

The **Request for Assistance** process for additional agency support or third-party involvement must be undertaken through the completion of the Request for Assistance documents.

If the agency you are looking for is not on drop-down list within the Request for Assistance form, contact the Wellbeing Co-ordinators wellbeingcoordinator@moray.gov.uk to discuss further.

The importance of accurately gathering this information is to support the Request for Assistance and to ensure that the right support is allocated to the child or young person and their family.

Request for Assistance forms are to be made by the most appropriate person in the team around the child (TAC). It is important to be aware that some agencies may require a no named discussion prior to the Request for Assistance being submitted. All aspects of the form must be completed along with an agreement from the child, young person and/or families to share information.

Please note - It is important when stating that a child or young person has a confirmed diagnosis and/or allocation of medication, there is written evidence to confirm this. For example a letter from the Paediatrician or CAMHS service.

Other relevant documentation is to be highlighted on the **Request for Assistance**. Additional paperwork may be requested by the receiving agency as part of their processes to ensure there is timely allocation of resource/support.

The Request for Assistance, along with the chronology (single or multi agency) and the most recent Child's Plan must be submitted when requesting to an agency. The Request for Assistance must be part of an agreed action within the Child's Plan.



The Request for Assistance: *to support a request to another agency.*

All pages

Header: The header is to be completed with the child or young person's Forename and Surname (as in health or school records) and EDD/DOB and the date of the agreed Request for Assistance

The Team Around the Child/Young Person agree to the Request for Assistance:

Please ensure this box is checked.

Name of Person Requesting and role of person requesting:

Who on the in the TAC and identified on the Action Plan is making the Request for Assistance and the Agency they represent.

Identified Service:

Please select from the drop-down menu.

Previous support from this agency/service

Please select from the drop-down menu

Was there a requirement for an initial discussion:

Some services, request an initial discussion before receiving a written request.

Decision from Initial Discussion:

Complete as applicable

What is getting in the way of this child's or young person's wellbeing that has led to this Request for Assistance?

This may relate back to the purpose of opening the Child's plan or may be more specific to an action that has not been achieved

What has been completed by the Team Around the Child (TAC) to improve the child or young person's Wellbeing?

This should be a brief summary of the actions undertaken by the TAC and should reflect the GIRFEC questions

What additional help is being requested from the identified agency

This will be guided from the service descriptions provided on the GIRFEC website. [Let's Work Together – A Child's Plan - GIRFEC](#)

Other services previously or currently supporting the child/young person or family

Please select from the options available

Consent for information sharing:

This must be gathered from the child/young person and families prior to submitting the referral and the Child's Plan.

Outcome from Request for Assistance

This should be completed by the requesting agency once the request has been accepted or declined along with the reason, including if placed on a waiting list. This provides a timeline for requesting updates etc.

Address/Email/Tel:

This is the address and contact number (parents) for the child/young person being referred to the agreed agency or service.

SCN

This is the child/young person's Scottish Candidate Number. This is allocated to them when they commence Primary 1.

CHI Number

This is the child/young person's Community Health Index number assigned to them at birth by NHS Scotland.

Place of Education:

Please select from the drop-down menu.

Year:

Please select from the drop-down menu.

Number of Violence and Aggression incidents

Complete as appropriate

Attendance

Please enter the attendance % from SEEMiS at the time of request (Education)

Timetable

Please select from the drop-down box

Exclusions for academic year

Complete as appropriate

Child Protection:

Please select from the drop-down menu.

Looked After Child/Care Experienced:

Please select from the drop-down menu and if 'Yes' is selected identify their experience.

Transition – New to Moray or retuning from an out of area placement:

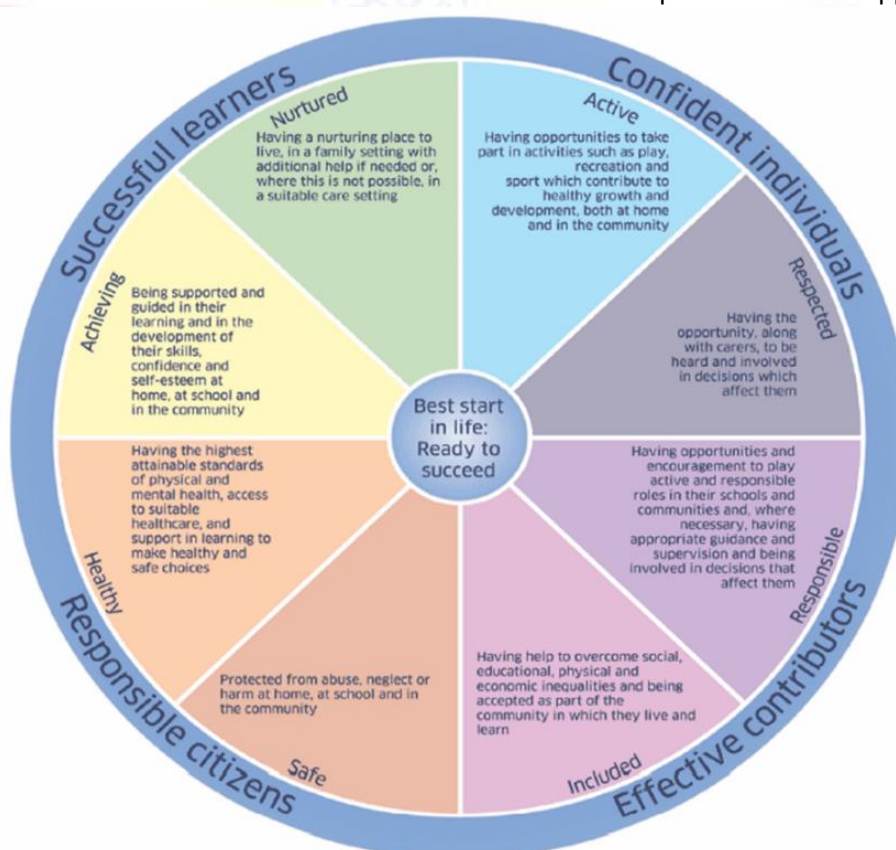
This will support identifying who should be part of the TAC. Transition meetings may only be for a short period of time to ensure the child/young person has settled, and all supports are in place.

Caring Responsibilities for the Child/Young Person:

This is to ensure that appropriate services are available for the child/young person and their family.

Additional Support Needs and other documents/toolkits:

If the child/young person has an Additional Support Need please give as much detail as possible in relation to the need being investigated, identified or diagnosed and any prescribed medication. This ensures the correct agencies/services are part of the TAC. To highlight other documents that have been used please check the appropriate



Chronologies

Preparing and keeping a chronology

Chronologies provide a key link in the chain of understanding needs/risks, including the need for protection from harm.

Setting out key events in sequential date order, they give a summary timeline of child and family circumstances [or those of an individual using adult services], patterns of behaviours and trends in lifestyle that may greatly assist any assessment and analysis. They are a logical, methodical, and systematic means of organising, merging and helping make sense of information. They also help to highlight gaps and omitted details that require further exploration, investigation, and assessment.

Care Inspectorate Practice Guide to Chronologies 2017

In Moray, chronologies are **single** agency and **multi**-agency, in composition. Chronologies build up a picture of a child or young person's life, events and experiences, as well as support practitioners to make sense of how these have influenced their current circumstances or behaviours. Single agency chronologies are vital to the creation of multi- agency chronologies.

A single agency chronology is to be initiated or updated and analysed, by the named persons universal service involved (Education or Health) whenever there is a key event in someone's life which raises concern for child or young person's safety or wellbeing or to record a positive event.

Multi-agency chronologies are created when a number of agencies beyond named persons universal services are supporting the child/young person and their family.

In Moray, all partner agencies are to maintain and review chronologies for children/young people and their families whom they work with.

In Moray, all single agencies are to establish clear chronology processes to ensure that this information is accurately recorded, accessible and presented coherently for anyone reviewing the child/young person's record, or when a multi-agency chronology needs to be compiled by the lead professional.

There will be variation across agencies in how chronological events are recorded but all agencies are to include the following as a minimum:

Content – Checklist

When the key event happened?

This is the date of the actual event which is significant for the individual and source. i.e., If a report is received from an agency, it is the date of the event not the date the report was received.

Age at time of event

This needs to be the age of the person in years/months/weeks/days

What happened?

A **brief and factual** description of the event should be recorded here. Language should be plain English, clear and concise, so that the chronology improves understanding and supports good decision making.

What happened as a result? What supportive action was taken?

A brief description of the action taken following the event should be recorded here. If no action taken, specify why not. This could include actions taken by the person, their family, or friends, or by agencies. However, this should not be a long list of step-by step agency actions.

Who is the source of the information?

Identify the agency recording the key event e.g. education/police/health.

A Key Event

A key event is defined not by the nature of the event but the **impact** that it has for the individual. The Wellbeing indicators are to be used to assess the impact. When a key event occurs in a child or young person's life it is vital that it is recorded accurately in a single agency, or if appropriate multi-agency chronology.

A key event is any event, and/or concern, which has a significant positive or negative impact on the child or young person and may include.

- Significant changes in the child or young person's wellbeing as identified through the Wellbeing Indicators and the GIRFEC questions.
- Significant changes in the parent or carer's wellbeing, which impacts on the child or young person.
- Significant changes in the family structure e.g., housing; unemployment; separation; divorce; bereavement; birth of a sibling; new partner; presence of a significant adult.
- Significant changes in the child or young person's child protection status or legal status or referral to Scottish Children's Reporter Administration (SCRA)
- Events including e.g., was not brought to an appointment; absences from school; exclusion from school; involvement in offending; problematic associations; running away/missing.
- Frequency of child concern reports; referrals; investigations; Child protection planning meetings; registration on the child protection register; frequent changes in professional staff or services/ agencies accessed by the child, young person or family.

Single Agency Chronologies

In Moray, it is acknowledged that universal agencies do not have access to the same systems to support the multi-agency format described above. Where this is the case, particularly for Education and Health, follow the guidance below.

Education – Early Learning Centre

In Moray, all Early Years providers use the chronology template developed in the Child's Planning document to record key/significant events. The accurate recording of a chronology is essential and will be used to create a multi-agency chronology, if or when required. Chronologies are to be updated as soon as possible after the receipt of the information or disclosure.

Education – Primary and Secondary

In Moray, all primary and secondary schools are to use the electronic SEEMiS pastoral notes to record events in a child or young person's life. If an entry is deemed to be 'key' it should be recorded as 'significant using the tab when the entry is being made. The accurate recording of a chronology is essential and will be used to create a multi-agency chronology, if or when required. The information to be recorded is as outlined above. Chronologies are to be updated as soon as possible after the receipt of the information or disclosure and key personnel should receive a staff alert on SEEMiS.

During holiday periods, the Central Team Officers undertake the role of Initial Referral Discussion (IRD) Duty Officer on a rota basis. They have full access to all pastoral notes and will update pastoral notes accordingly and alert the relevant staff if they attend an IRD for a child or young person. The minutes received from the IRD will be forwarded to Head Teacher (primary), Depute Head Teachers (Pastoral, secondary), PTG (secondary).

Health

Health single agency chronologies should be maintained as per NHS Grampian policies. Every child should have a chronology within their Community Child Health Record (CHR). Specialist Community Public Health Nurses/Health Visitors/Family Nurses are responsible for creating and maintaining the chronology within the CHR. The chronology will build on any relevant information shared from maternity services until the child leaves school.

Entries in the chronology should be clear and concise with sufficient detail regarding the event to allow for analysis, assessment of risk and resilience, and allow practitioners to identify patterns in the individual's life.

Any event deemed key/significant in the child/young person's life should be recorded as soon as the practitioner becomes aware of the event.

Multi-agency chronologies



My MULTI-AGENCY
CHRONOLOGY 2024.c

In Moray, the template for entries to a multi-agency chronology is here :

To add additional rows highlight an empty row, right click, copy, move cursor to below bottom row, right click, paste using merge table option. All drop-down options will copy.

A multi-agency chronology should be produced at the earliest opportunity, where two or more services/agencies have an involvement with a child or young person and support is being provided through a Child's Plan under the coordination of the identified lead professional. To be useful, a multi-agency chronology must be kept up-to-date through the contributions of all relevant practitioners, services/agencies and there is an expectation that it is the responsibility of each practitioner, service/agency to contribute towards the maintenance of a multi-agency chronology. A multi-agency chronology may be produced as part of a specific multi-agency intervention and will include only information extracted from single-agency chronologies that is relevant, necessary, legitimate, appropriate and proportionate for sharing with other practitioners, services / agencies to support a specific intervention.

- a. Multi-Agency Chronologies are the mechanism by which partner agencies involved in a child, young person's or adult's life develop a shared picture of key events to help inform multi-agency assessment and planning. Chronologies should be maintained on a single-agency basis and then integrated into multi-agency chronology by the lead professional as required.
- b. Every agency has a responsibility to keep their chronology up to date and review it before sharing.
- c. In advance of all meetings (e.g., Child Protection Core groups, Child's Planning meetings, Adult Protection conferences etc.), the lead professional should request single agency chronologies from all key partners. The lead professional is to ensure that the information is integrated into the multi-agency chronology. Submission of chronologies to the lead professional are to be succinct with relevant information using the same headings as in the multiagency format. Where there are duplicate entries from various agencies it is important to record all agencies holding this information. The chronology is then used to support analysis at the meeting and as needed in the future.

Analysis and review

Chronologies should be continually analysed and reviewed by all individual agencies, and where appropriate as a multi-agency discussion to identify patterns and trends and in professional/clinical supervision should be referenced in your agency record keeping mechanisms.

Closing Child's Planning - One Child One Plan

In Moray, some children and young people will access the Child's planning process throughout their formative years and into Adult Services, whether from birth or as they move through their education. For other children and young people and their families they may only access the Child's Planning Process for a period of time to address a specifically identified need, this may be at single and/or multi agency level.

The process of an agency withdrawing from Child's Planning

At a multi-agency level, there will be times when services/agencies join the team through the referral process. When agencies have completed their interventions and the child, young person and their family no longer require intensive support, at this point an agency may decide to with-draw.

As with any Request for Assistance, an agency withdrawing from the Child's Planning process, is required to inform the Team Around the Child of intent to withdraw at the meeting preceding their proposed final meeting. If the withdrawing agency makes this decision between meetings, they must communicate their intention to withdraw their service to the Team Around the Child as soon as possible, as well as to the child, young person and family when giving their final report prior to the meeting.

When withdrawing, the agency **must** ensure that all actions identified for their agency in 'My Action Plan' have been addressed and that there are sustainable supports in place to enable the child, young person, and family, with support from the universal services (Education and Health) to continue to make positive progress.

The allocation of a new lead profession

On occasion, there may be the need to allocate a change in lead professional. This could be for different reasons, these include: -

- lead professional service is no longer required.
- a different service is identified as being appropriate to be the lead professional due to a change in child or young person's circumstances and/or need.
- there is a breakdown in relationship between the lead professional and child, young person and/or family, and so a new lead is required.

The allocation of a new lead professional must be confirmed at a Child's Planning Meeting where the current lead professional hands over to the new lead professional. Where possible to avoid any dispute, this should be agreed by the professionals prior to the meeting.

For most Child's Planning meetings, the named persons service is also the lead professional, however as part of the Universal Services, it may be a different department within the named persons service which takes on the lead. For example, the named persons service may be Health, the lead professional is Paediatrics, or the named persons service may be Education, but the lead professional may be the Educational Psychologist.

Moving between different levels of Child's Planning

In Moray, moving between different levels of Child's Planning, under the One Child, One Plan, will be agreed by the professionals working with the child, young person and family. Where a child, young person and their family are working with the named person service, this is single agency. In Education if the supportive measures, strategies, and resources are in place and having a positive impact, then a move to Educational Review is a way forward. In Health, if all supportive measures, strategies, and resources are in place at universal level then a child and their family would revert to the Universal Health Visiting Pathway.

If, on the other hand, all supportive measures, strategies and resources have been exhausted, and the team have contacted the Wellbeing Coordinators, it can be agreed to refer to additional agencies and supports via the Child's Plan My Request for Assistance and move to Multi Agency planning.

All moves between the different Child's Planning stages are to be recorded as part of the chronology, stating why the identified change has occurred, who requires the increase in support, and which service is no longer required.

Closing of Child's plan to All

In order to close a My Child's Plan, there needs to be a final meeting where all members of the Team Around the Child, including the child, young person and their family agree that that all goals have been achieved and strategies in place are being maintained along with relevant resources. In the final meeting all reports given should reflect this and the decision to close the My Child's Plan is agreed by all, with the understanding that should there be a need in the future a My Child's Plan can be reopened.

The closing of a My Child's Plan should be recorded in the universal services system. For example, in Education on SEEMIS and in Health within the Child Health Record.