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**Policy Area: Operational Policies - Service Delivery**

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**Policy # & Name: 5.10. B Individual Planning & Documentation – Children’s Services**

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**Group:** Child and Family Services – Except Family Support Services (Birth - 19 years)

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**Purpose:**

To ensure the services and support provided to each family and child reflect the identified needs of the child or youth receiving services, and the desired outcomes of the family.

To promote a consistent staff approach to supporting each individual and his/her family

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**Policy Statement:**

A Child and Family Support Plan is an individualized plan that ensures the services provided to each child and family reflect the strengths, preferences, interests and goals of each family in relation to their child. Plans address key aspects of a child’s life including: health care, safety, education, emotional development, socialization and leisure, religious and spiritual considerations, and any other aspects identified by the family.

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**Practice Standards:**

It is expected that all families receiving service from the Community Ventures Society will participate in the Child and Family Support Planning Process to whatever level is appropriate to their needs and wishes within the parameters of each program. Families can choose the format, the participants and the setting for this planning and the process can be as formal or informal as a family wishes.

Within our Child and Family Services Program, the Program Coordinators are responsible for ensuring that plans are developed and updated according to this policy.

A Child and Family Support Plan will begin at intake and will be completed within six months of the start of service with the Community Ventures Society. An integrated plan must be completed as soon as possible but no later than three months from the time the family initiates a second service with the Community Ventures Society.

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**Policy Audit:** March Annually

**Date Issued:** March 2004

**Date Revised:**

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**Position**

**Responsible:** Executive Director or Designate

- References:**
- ✍ Policy 5.17 – Consumer Records
  - ✍ Health Care Plan
  - ✍ Behavioural Plan
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- ✍ SDC 5.10.A, SDC 5.10.C & SDC 5.10.E - Goal Planning Form(s)
  - ✍ SDC 5.10.B - Support Guide & Summary
  - ✍ SDC 5.10. F - Parent Checklist for Home Visits
  - ✍ SDC 5.18.A - Child Information Form
  - ✍ SDC 5.18.C - Gesell Developmental Assessments
  - ✍ Ages & Stages Questionnaire (C&F Services)
  - ✍ Overview of a Child & Family Support Plan (attached)
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### **General Overview of a Child and Family Support Plan**

A Child and Family Support Plan contains any or all of the following components:

- ? Child Information Form (required)
- ? Support Guide & Summary
- ? Goal Planning Form (s) - (required within 6 months)
- ? Health Care Plan - (if required)
- ? Behavioral Plan - (if required)

#### Accompanying/Supporting Documents

A range of tools can be used to support the planning process and include but are not limited to:

- ? Gesell Developmental Assessments
- ? Other Professional Assessments
- ? Ages and Stages Questionnaire
- ? Parent Checklist for Home Visits

#### *Description of Key Components*

##### **Child Information Form**

The Child Information Form is a document that gathers preliminary information necessary to provide services to the child and family. It serves as the initial guide for service and uses a standardized format that includes the following components:

- ? Emergency Contact Information
- ? Medical or physical health history including history of childhood diseases, vision, language, mobility or other concerns, and record of immunizations
- ? Identified concerns/reason for referral
- ? Primary Caregiver Information/Environmental Surroundings

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- ? Culture/Ethnicity
- ? Prenatal exposure to alcohol, tobacco or other drugs
- ? School or group experiences
- ? Current services & supports in place

A Child Information Form should be completed at time of initial intake to the Community Ventures Society and reviewed and updated with the family on an annual basis. Each program will develop its' own system for this annual review. When a child is referred to an additional program, the Child Information Form should be updated at the time of referral and the case manager will be responsible for ensuring the form is reviewed annually with the family.

### **Support Guide**

A Support Guide is a document that describes the assistance and level of support a child requires in his/her daily life. The guide is tailored to reflect the unique preferences and support requirements of each child who is accessing Supported Child Care (Development). The standardized Support Guide format includes the following components:

- ? Health/medical
- ? Daily schedule
- ? Nutrition and eating habits
- ? Personal care
- ? Social Interaction
- ? Play activities/interests
- ? Communication
- ? Problem solving skills
- ? Motor skills
- ? Behaviour/safety
- ? Group experiences (Please see Respite Program Policy and Procedures Manual for greater detail)

Support guides are reviewed as needed with the family (and support team) as part of regular service. A Supported Child Care Summary with new, renewed or revised goals will be developed at least once each year.

### **Goal Planning Form**

The goal planning form is a tool that summarizes the primary goals, action steps, timelines, persons contributing to the plan, and review dates as chosen by the family in conjunction with their identified support team. A number of different formats are available and will be used according to family preference and program requirements.

Goals will be reviewed and progress noted as outlined in the plan. An annual review of each family's goals will be conducted using the format and structure

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chosen by the family. The case manager, consultant or therapist working with the family will ensure that this review is conducted.

### **Health Care Plan**

A Health Care Plan encompasses those health care issues that are truly critical and require the intervention and/or involvement of a health care professional. A Health Care Plan is developed in conjunction with and is approved by the appropriate health care professional (e.g. Nurse, Occupational Therapist, Physiotherapist, Nutritionist, Dental Hygienist, etc). The individual's Physician ideally should be involved in the health care plan meetings. If this is not possible, he/she should be given a copy to read and sign once it has been developed. This is critical in making sure the physician is aware of all critical health issues, how health issues are being monitored and addressed, any emergency protocols in place and, the involvement of professional supports.

It is not important to have a consistent format for the health care plan, but each health care plan should encompass the following areas:

- ? *The Critical Health Issue* – a description of the issue, individual characteristics, patterns and responses;
- ? *Plan of Action/Intervention* – areas to observe, specific procedures, recording requirements, etc.;
- ? *Emergency Procedures/Protocols* – what to do in the case of an emergency situation;
- ? *Equipment Needs* – what medical equipment is required;
- ? *Caregiver Training Requirements* – what training/education is required, who can train, when retraining needs to occur, any transfer of function requirements.

A Health Care Plan will be developed for any child receiving service from the Community Ventures Society where the parent/guardian will not be in attendance and the child requires this level of support and monitoring to maintain his/her health status.

A Health Care Plan must be developed and revised as needed. All Health Care Plans should be reviewed with the appropriate professional(s) on an annual basis.

If a Health Care Plan is required for a new consumer, it must be developed and available to support staff on the first day of service.

### **Behavior Plan**

A Behavior Plan is a set of strategies and interventions to support a child with challenging behaviors.

***Please See Behavior Policy.***

**NOTE:** All Child and Family Support Planning should encourage the involvement of the family, the child, where appropriate, and their friends, support network and any relevant professionals (e.g. Social Worker, Nurse, Nutritionist, etc.).