Click here to enter text.**’s Plan**

|  |  |  |
| --- | --- | --- |
| **RECORD OF INVOLVEMENT** | **Date** | **Completed by** |
| **Universal Child’s Plan**  | Click here to enter text. | Click here to enter text. |
| **Universal Child’s Plan Review**  | Click here to enter text. | Click here to enter text. |
| **Record of a Request for Assistance**  | Click here to enter text. | Click here to enter text. |
| **Child’s Plan**  | Click here to enter text. | Click here to enter text. |
| **Child’s Plan (Other – please specify)** | Click here to enter text. | Click here to enter text. |
| **Child’s Plan Review**  | Click here to enter text. | Click here to enter text. |
| **Child’s Plan (Compulsory Measures)** | Click here to enter text. | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Advocacy offered to child/young person/family** | **Y** [ ]  | **N** [ ]  |

|  |  |
| --- | --- |
| **Section A** | Who’s Who? |
| **Section B** | Why do we need a Plan? |
| **Section C** | What does everyone think? |
| **Section D** | Action Plan |
| **Section E** | Chronology |
| **Section F** | Anticipatory Care Plan |

**Who’s Who? (Section A)**

|  |
| --- |
| **Child Details** |
| Name : | Click here to enter text. | Known as : | Click here to enter text. |
| DoB/EDD : | Click here to enter text. | Previous names used : | Click here to enter text. |
| Home address : | Click here to enter text. | Gender : | **M** [ ]  | **F** [ ]  |
| Click here to enter text. | Telephone No : | Click here to enter text. |
| Mobile No :  | Click here to enter text. |
|  |
| Non-disclosure of address  | **YES** [ ]  | **NO** [ ]  | Reason : Click here to enter text. |
| Current address (if different) : | Click here to enter text. |
| Click here to enter text. |
| Social Work Number : | Click here to enter text. | Education Number : | Click here to enter text. |
| Health Number (CHI) : | Click here to enter text. | Housing No : | Click here to enter text. |
| NI No : | Click here to enter text. | DWP No : | Click here to enter text. |
| Ethnicity : | Click here to enter text. | Religion : | Click here to enter text. |
| Nursery / School / FE attend : | Click here to enter text. |
| Any conditions/disabilities? | Click here to enter text. |
| Click here to enter text. |

|  |
| --- |
| **People important in the Child’s life** |
| Name | DoB | Relationship | Address including telephone number |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |
| --- |
| **GP** |
| Name of GP :  | Click here to enter text. |
| Contact details : | Click here to enter text. |
|  |

|  |
| --- |
| **Named Person** |
| Name of Named Person :  | Click here to enter text. |
| Contact details : | Click here to enter text. |
| Role :  | Click here to enter text. |

|  |
| --- |
| **Lead Professional** (if appropriate) |
| Name of Lead Professional :  | Click here to enter text. |
| Contact details : | Click here to enter text. |
| Role :  | Click here to enter text. |

|  |
| --- |
| **Accessibility / Communication requirements** |
| Detail any support required to work with child/family - eg interpreter, aids, sign language, wheelchair user, first language : |
| Click here to enter text. |

|  |
| --- |
| **Current Legal Position** |
| Are there any legal orders in place – eg compulsory supervision? | **YES** [ ]  | **NO** [ ]  | **Previously** [ ]  |
| Details : Click here to enter text.Dates (if available) : Click here to enter text. |
| Are there any conditions attached to the order? | **YES** [ ]  | **NO** [ ]  |  |
| Details : Click here to enter text. |
| Is the Child on the Child Protection Register?  | **YES** [ ]  | **NO** [ ]  | **Previously** [ ]  |
| Reason? Click here to enter text.Dates (if available) : Click here to enter text. |
| Is the child/young person Looked After?  | **YES** [ ]  | **NO** [ ]  | **Previously** [ ]  |
| Home/Kinship etc Click here to enter text.Dates (if available) : Click here to enter text. |
| Does the child have caring responsibilities? | **YES** [ ]  | **NO** [ ]  | **Don’t know** [ ]  |
| Details :Click here to enter text. |

|  |
| --- |
| **Current Plans** |
| Is an Individual Education Programme in place?  | **YES** [ ]  | **NO** [ ]  |  |
| Is a Co-ordinated Support Plan in place?  | **YES** [ ]  | **NO** [ ]  |  |
| Is a Behaviour Support Plan in place? | **YES** [ ]  | **NO** [ ]  |  |
| Is an Anticipatory Care Plan in place? | **YES** [ ]  | **NO** [ ]  | **Don’t know** [ ]  |