Click here to enter text.**’s Plan**

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| --- | --- | --- |
| **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. |

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

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| **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)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | | | | | | | |

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| **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. |

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

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

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| **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. |

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| **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. |

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| **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. | | | |

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| **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** |