**Insert Child’s name 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 |

**Why do we need a Plan and who might help? (Section B)**

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| --- | --- |
| **Why is a Child’s Plan needed? All children should be safe, healthy, achieving, nurtured, active, respected, responsible and included. With this in mind, why do you believe this Child’s Plan is needed?** | |
| Safe : | Click here to enter text. |
| Healthy : | Click here to enter text. |
| Achieving : | Click here to enter text. |
| Nurtured : | Click here to enter text. |
| Active : | Click here to enter text. |
| Respected | Click here to enter text. |
| Responsible : | Click here to enter text. |
| Included : | Click here to enter text. |
| What does the child think about this?  Click here to enter text. | |
| What do their parents / carers think about this?  Click here to enter text. | |

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| --- | --- | --- | --- |
| **Previous work undertaken to meet identified wellbeing needs :** | | | |
| Who | When | What was done | What was achieved |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| --- | --- | --- | --- |
| **Who is now being requested to assist?** | | | |
| Agency | Contact details | Why has this agency been requested to assist? | Date Sections A and B sent on |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| --- | --- | --- | --- |
| **I agree/disagree with the above Record for Request for Assistance.** | | | |
| **Child :** | Click here to enter text. | Date : | Click here to enter text. |
| Comment : Click here to enter text. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **I agree/disagree with the above Record for Request for Assistance.** | | | |
| **Parent / Carer :** | Click here to enter text. | Date : | Click here to enter text. |
| Comment :Click here to enter text. | | | |

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| --- |
| The information has been discussed with them by :  Click here to enter text. |
| on :  Click here to enter text. |
| and their views are recorded above |