**Insert Child’s name 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 |

**ACTION PLAN – Creation Date** Click here to enter text.

**What is needed to support this child and their family (Section D)**

**SAFE HEALTHY ACHIEVING NURTURED ACTIVE RESPONSIBLE RESPECTED INCLUDED**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Wellbeing Indicator** | Outcome identified with the child/ family | How will we know it has been achieved?  (measuring progress) | What needs to happen?  (action | By when? | By whom? | Action completed  Yes/No/Partial  **PLUS** date |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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

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

|  |
| --- |
| The information has been discussed with the child/parent/carer by :  Click here to enter text. |
| on :  Click here to enter text. |
| and their views are recorded above. |

**REVIEWING THE CHILD’S PLAN**

|  |
| --- |
| **Date and time of next review** : |
| Click here to enter text. |

|  |
| --- |
| **Who to invite?** |
| Click here to enter text. |

|  |
| --- |
| **An early review might be called because?** |
| Click here to enter text. |

|  |
| --- |
| **Date Child’s Plan closed** : |
| Click here to enter text. |

|  |
| --- |
| **Reason** : |
| Click here to enter text. |