**Section 3 - Child’s Name ACTION PLAN**

**What is Needed to Support this Child and their Family?**

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| **Please Indicate Concern** |
| **SAFE** [ ]  | **HEALTHY** [ ]  | **ACHIEVING** [ ]  | **NURTURED** [ ]  | **ACTIVE** [ ]  | **RESPONSIBLE** [ ]  | **RESPECTED** [ ]  | **INCLUDED** [ ]  |

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| Wellbeing Indicator | Outcome identified with the child/ family | What needs to happen?(Actions) | How will we know it has been achieved? (Measuring Progress) | When? | Who? | Action completed / ReviewedYes/No/Partial **include** date |
|  |  |  |  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| **Child’s Views of the Plan (in own words)** |
| Comment :Click here to enter text. |
| **Information about Advocacy Offered to Child/Young Person/Family** | **Yes** [ ]  | **No** [ ]  **Declined** [ ]  |
| **Additional Notes (If Required)** |  |  |

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| **Parent /Carer(s) Views of the Plan (in own words)** |
| Comment :Click here to enter text. |

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| **Who is Lead Professional? Please Include Name and Role** |
| Click here to enter text. |

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| **Any Disagreements?** |
| Click here to enter text. |

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| **Date/Time /Venue of Next Review** : | **Date Child’s Plan Closed** : | **Reason** : |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |