**Child’s Plan Meeting**

Date:

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name (Child)***(including aliases)* |  | **Date of Birth/ Estimated Date of Delivery**  |  |
| **ID Number** |  |
| **Address (Child)** |  | **Date Initial Plan Agreed** |  |
| **Chair of Meeting** |  | **Dates of Review Meetings** |  |
| **Date of Transfer/Closure** |  |
| **Date/Time/Venue of next Child Plan Meeting** |  |
| **Named Person**  |  | **Legal Status/Child Protection**  |  |
| **Lead Professional**  |  |  |  |

|  |
| --- |
| **Reason for Meeting/Plan**  |
|  |

|  |
| --- |
| **Which assessment tools were used to identify these needs :**  |
|  |

|  |
| --- |
| **Partners to the Plan** |
| **Name/Attendees** | **Role with child** | **Agency** | **Report provided where appropriate**Y/N/NA | **Attended Y/N/Apologies** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Progress on plan from previous meeting** |
| **What is getting in the way of the child’s wellbeing?** | **What do we need to do to meet the need?** | **Who is going to help with or be responsible for this?** | **When will it be done/ reviewed?** | **How will this help the child/ young person?****(desired outcomes)** | **Progress on Actions** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Summary of Significant Events/Changes** |
|  |

|  |
| --- |
| **Summary of Assessment/Progress**(using information from my world triangle and the wellbeing indicators: safe; healthy; active; nurtured, achieving; respected; responsible; included) |
| **What is working well?****What needs to get better?** |

|  |
| --- |
| **Overall Long Term Goal** |
|  |

|  |
| --- |
| **Details of Plan** |
| **What is getting in the way of the child’s wellbeing?** | **What do we need to do to meet the need?** | **Who is going to help with or be responsible for this?** | **When will it be done/ reviewed?** | **How will this help the child/ young person?****(desired outcomes)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Child/ Young Person’s View of the Plan**  |
|  |

|  |
| --- |
| **Parent/ Carer’s views of the Plan**  |
|  |

|  |
| --- |
| **Record of any disagreements with the plan** (if relevant) |
|  |

|  |
| --- |
| **If this plan doesn’t work or circumstances change what will we do?** (Contingency Plan) |
|  |

|  |  |
| --- | --- |
| **Checked/ Signed by Chairperson** |  |
| **Date** |  |

**Child’s Plan/ Notes of Child’s Plan Meeting**

**Data Sheet
(Internal use only: not for circulation)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name**  | **Parental Rights and Responsibilities**  | **Relationship to Child**  | **Address (if non-disclosure please state this)** |
| **Mother:** |  |  |  |
| **Father:** |  |  |  |
| **Carers:** |  |  |  |
| **Other significant adult/s:** |  |  |  |
| **Any reasons non-disclosure of address for child or any persons above**  |  |