|  |
| --- |
| **Child and Family Plan** |
| **DATE OF PLAN:** |  |
| **SECTION A: Child’s Details**  |
| **Name:**  | **DoB/EDD[[1]](#footnote-1):** |
|  |  |
|  |  |
|  |  |
|  |  |
| **SECTION B: Parents/Carers and Professionals/Agencies in the Team around the Child:****(All present to introduce themselves with role/reason for being present) –** (**if there are not enough rows you can use one row for two people)** |
| **Name** | **Role / Agency** | **Email and Telephone** | **Invited** | **Attended** | **Consent for Plan to be Shared** |
|  |  |  | **Yes [ ]  No [ ]**  | **Yes [ ]  No [ ]**  | **Yes [ ]  No [ ]**  |
|  |  |  | **Yes [ ]  No [ ]**  | **Yes [ ]  No [ ]**  | **Yes [ ]  No [ ]**  |
|  |  |  | **Yes [ ]  No [ ]**  | **Yes [ ]  No [ ]**  | **Yes [ ]  No [ ]**  |
|  |  |  | **Yes [ ]  No [ ]**  | **Yes [ ]  No [ ]**  | **Yes [ ]  No [ ]**  |
|  |  |  | **Yes [ ]  No [ ]**  | **Yes [ ]  No [ ]**  | **Yes [ ]  No [ ]**  |
|  |  |  | **Yes [ ]  No [ ]**  | **Yes [ ]  No [ ]**  | **Yes [ ]  No [ ]**  |
|  |  |  | **Yes [ ]  No [ ]**  | **Yes [ ]  No [ ]**  | **Yes [ ]  No [ ]**  |
|  |  |  | **Yes [ ]  No [ ]**  | **Yes [ ]  No [ ]**  | **Yes [ ]  No [ ]**  |
|  |  |  | **Yes [ ]  No [ ]**  | **Yes [ ]  No [ ]**  | **Yes [ ]  No [ ]**  |
|  |  |  | **Yes [ ]  No [ ]**  | **Yes [ ]  No [ ]**  | **Yes [ ]  No [ ]**  |
| **SECTION C: Why is this plan needed?** (Set the scene from the child’s and family’s perspective / Reminder of confidentiality for all present) |
|  |
| **SECTION D: Summary of today’s discussion and information shared*** Updates of strengths, needs, arrangements, from child, family and others present and review progress
* Use numbering for lists rather than bullet points
* Records of reports, specialist assessments and outcomes, if applicable
* Additional comments and update of chronology of significant events, as required considering strengths, needs and risks discussed and identified in the assessment – work together to develop desired outcomes and actions
 |
|  |
| **SECTION E: Child’s plan of goals and actions*** Goals can be aspirational
* ‘What needs to happen now’ should include SMART actions – Specific, Measurable, Achievable, Realistic & Time Bound
* Discuss with family where they think they are now with that goal and mark on the scale underneath
 |
| **Goal** | **What needs to happen now? (action)** | **Who is helping?** | **By when?** | **How will we know this is working?** |
|  |  |  |  |  |
| 1. achieved **[ ]**  | 2. close to achieving **[ ]**   | 3. half way there **[ ]**  | 4. a little way towards **[ ]**  | 5. just starting out **[ ]**  |
| **Goal** | **What needs to happen now? (action)** | **Who is helping?** | **By when?** | **How will we know this is working?** |
|  |  |  |  |  |
| 1. achieved **[ ]**  | 2. close to achieving **[ ]**   | 3. half way there **[ ]**  | 4. a little way towards **[ ]**  | 5. just starting out **[ ]**  |
| **Goal** | **What needs to happen now? (action)** | **Who is helping?** | **By when?** | **How will we know this is working?** |
|  |  |  |  |  |
| 1. achieved **[ ]**  | 2. close to achieving **[ ]**   | 3. half way there **[ ]**   | 4. a little way towards **[ ]**  | 5. just starting out **[ ]**  |
| **Goal** | **What needs to happen now? (action)** | **Who is helping?** | **By when?** | **How will we know this is working?** |
|  |  |  |  |  |
| 1. achieved **[ ]**  | 2. close to achieving **[ ]**  | 3. half way there **[ ]**  | 4. a little way towards **[ ]**  | 5. just starting out **[ ]**  |
| **Child - what do you think of the plan?** |
|  |
| **Parents/carers - what do you think of the plan?** |
|  |
| **Review required?** | **Yes** **[ ]  No [ ]**  | **Review Date and Time** |  | **Review Venue:** |  |
| **Lead Worker** |  | **Name and Contact Details** |  |

**Lead Worker to send a copy of the plan to the Early Help Manager (****earlyhelp@gov.je****)**

**You MUST password protect this document as follows: Click on file, select ‘Protect Document’ and then ‘Encrypt with Password’.**



1. Estimated data of delivery [↑](#footnote-ref-1)