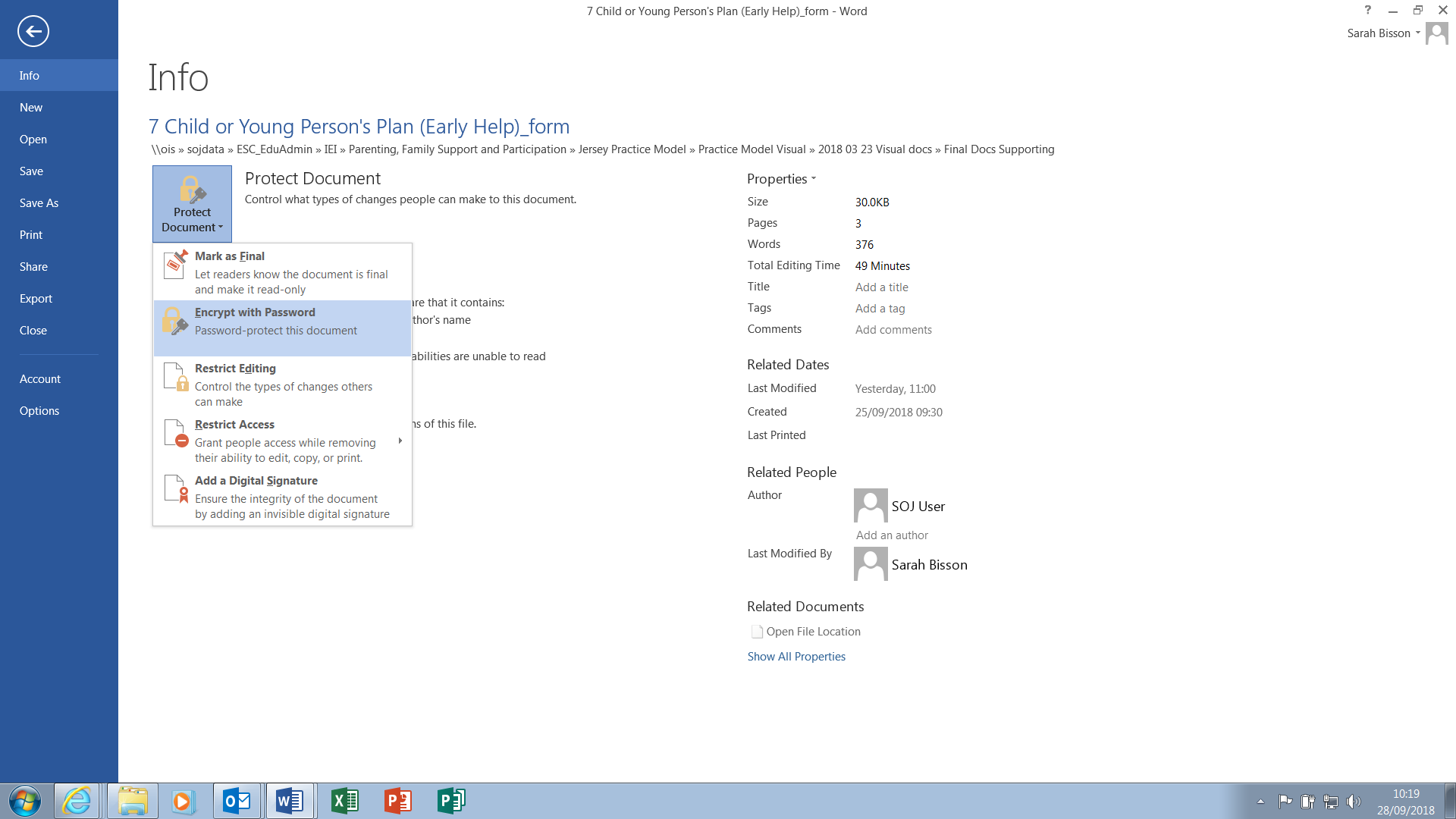
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child and Family Plan** | | | | | | | | | | | | | |
| **DATE OF PLAN:** |  | | | | | | | | | | | | |
| **SECTION A: Child’s Details** | | | | | | | | | | | | | |
| **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**](mailto: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)