→Child/Young Person's Plan

3.3.2 Kinder - und Jugendplan (DH) Department



One of the Care Plan. conjunction with Part short break care, in young people receiving be used with children and harm. This plan may also likely to suffer significant they are suffering or are living with their families, with all children in need there are concerns that including those for whom been designed for use The Child's Plan has

be completed after analysing the findings from a core assessment, and updated or changed as appropriate following a review.	person living with his/her family withing ore assessment, and updated or characteristics.	n the community. This plan should anged as appropriate following a
Family Name		
Given names		
Gender	Male 🔲 Female 🔲	Unborn 🗖
Date of birth or expected date of delivery		
Date Core Assessment completed or		
Expected date of completion		
Date of last review		
Date of next review		
Type of Plan (please tick as appropriate):		
Child in Need plan	Child Protection Plan	
Child in Need including short-break care*		

and a Placement One of the Care Plan short break-care, Part child in need includes

Agreement should also

Where the plan for a

for this plan.

Outline Child Protection Plan will form the basis Protection Register, the Where a child's name has been placed on the Child

be completed.

GUIDANCE ON COMPLETING THE PLAN

following will be addressed: The plan should draw on the areas of strength and competencies of the child/young person, parents/carers, wider family and their community, and identify how the

- the identified developmental needs of the child/young person;
- parents'/carers' difficulties or problems which are having an impact on their capacity to respond to the needs of their child;
- wider family and environmental factors which are having a negative impact on the child/young person and his/her parents;

the objectives set can be achieved within the agreed time scales. The plan should include actions to be taken by the child/young person and his or her family The plan should be specific about the actions to be taken, identify who is responsible for each action, and any services or resources that will be required to ensure that

least every 6 months as set out in paragraph 4.36 of the Framework for the Assessment of Children in Need and Their Families (2000). Statutory reviews should take place within the time limits set down in Regulations and Guidance. It is good practice for plans for children in need to be reviewed at

child or young person (when appropriate), family members/carers and the social worker. The last page of this plan records which family members and agencies are party to the plan and the date when the plan will be reviewed. This should be signed by the

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CHILD/YOUNG PERSON'S DEVELOPMENTAL NEEDS: HEALTH

the child/young person's health needs should be included in other professionals such as GP or Health example, actions by parents/carers and being provided to meet this section. For Visitor. All actions and services

#
Child/young person's identified developmental needs, strengths and difficulties
How will these needs be responded to: actions undertaken &/ or services to be provided
Frequency & length of service: e.g. hours per week
Person/agency responsible
Date services to commence/commenced
Planned outcome: progress to be achieved by next review or other specified date

CHILD/YOUNG PERSON'S DEVELOPMENTAL NEEDS: EDUCATION

Iducation, the actions and services identified in the statement may be included in the Child's Plan. This will then enable an inter-agency support plan for the child young person to be produced.	Some children and young people may have a statement of Special Educational Needs.
	Child/young person's identified developmental needs, strengths and difficulties
	How will the child's developmental needs be responded to: actions taken/or services to be provided
	Frequency & length of service: e.g. hours per neek
	Person/agency responsible
	Date services will commence/ commenced
	Planned outcomes: pragress to be achieved by next review or other specified date

CHILD/YOUNG PERSON'S DEVELOPMENTAL NEEDS: EMOTIONAL and BEHAVIOURAL DEVELOPMENT

Where a child or young person is receiving services from a Child and Adolescent Mental Health Team in relation to behavioural and emotional needs, the level of service should be recorded in this section of the plan.

			difficulties	needs, strengths and	identified developmental	Child/young person's
			taken/or services to be provided	responded to: actions	developmental needs be	How will the child's
				week	of service: e.g. hours per	Frequency & length
	,				responsible	Person/agency
				Commenced	commence/	Date services
				date	achieved by next review or other specified	Planned outcomes: progress to be

CHILD/YOUNG PERSON'S DEVELOPMENTAL NEEDS: IDENTITY

	Child/young person's identified developmental needs, strengths and difficulties
	How will the child's developmental needs be responded to: actions taken/ or services to be provided
	Frequency & length of service: e.g. bours per
	Person/ agency responsible
,	Date services will commence/commenced
	Planned outcome: progress to be achieved by next review or other specified date

CHILD/YOUNG PERSON'S DEVELOPMENTAL NEEDS: FAMILY and SOCIAL RELATIONSHIPS

Child/young person's identified developmental needs, strengths and difficulties
How will the child's developmental needs be responded to: actions taken for services to be provided
Frequency & length of service: e.g. bours per week
Person/ agency responsible
Date services will commence/ Commenced
Planned outcomes: progress to be achieved by next review or other specified date

CHILD/YOUNG PERSON'S DEVELOPMENTAL NEEDS: SOCIAL PRESENTATION

·	Child/young person's identified developmental needs, strengths and difficulties
·	How will the child's developmental needs be responded to: actions taken/ or services to be provided
	Frequency & length of service: e.g. bours per week
	Person/ agency responsible
	Date services will commence/
·	Planned outcomes: pragress to be achieved by next review or other specified date

DEVELOPMENTAL NEEDS: SELF-CARE SKILLS

i .
Child/young person's identified developmental needs, strengths and difficulties
How will the child's developmental needs be responded to: actions taken/ or services to be provided
Frequency & length of service: e.g. hours per
Person/ agency responsible
Date services will commence/
Planned outcomes: progress to be achieved by next review or other specified date

PARENTING CAPACITY

basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability.	the actions to be taken and the services to be provided to address needs and difficulties and support strengths identified in relation to parenting capacity ic.	This section records
	respond to the child/young person's identified developmental needs	Parent's capacity to
	developmental needs be responded to: actions undertaken & or services to be pravided	How will the child's
	of service: e.g. hours per neek	Frequency & length
	agency responsible	Person/
	commence/ commenced	Date services will
	achieved by next review or other specified date	Planned outcomes: progress to be

FAMILY and ENVIRONMENTAL FACTORS

	functioning, the wider family, housing, employment, income, the family's social integration, and community resources.	This section records the actions to be taken and services to be provided in relation to family and environmental factors ic. family history and
		Family & environmental factors affecting parenting capacity and child/young person's identified developmental needs
		How will the child's developmental needs be responded to: actions undertaken &/or services to be provided
		Frequency & length of service: e.g. hours per week
		Person/ agency responsible
		Date services will commence/commenced
		Planned outcomes: progress to be achieved by next review or other specified date

VIEW OF ALL PARTIES

The objectives of the plan and how they will be achieved should have been discussed with all interested parties/agencies.

Child/young person/family members/agencies who are party to the plan:

Name Relationship to Agency Contact in

	Agreed date for the next review: Lead professional/agency for this review:						Name (please print)
	ency for this review:						Relationship to child/young person or role
Designation Agency	Name						Agency
						•	Contact number
							Signature
							Please tick if a Core Group member (Child Protection plan only)

What steps will be taken and who is responsible if any party/agency wants to after any aspects of this plan? HILD/YOUNG PERSON'S COMMENTS Child/young persons' comments on the plan. Please record any areas of disagreement. These may need to be recorded separately if the child/young person does not wish them to be shared with their parent(s).
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PARENTS/CARER'S COMMENTS

FARENIS/CAKER'S COMMENIS	
Parents'/carers' comments on the plan. Please record any areas of disagreement.	se record any areas of disagreement.
I have seen the contents of this plan	
Child/young person's signature (as appropriate)	Date:
Parent/carer's signature	Date:
For Child Protection Plans:	
Parent's informed of outcome of the conference:	Yes No If no, when will this be done:
Child/young person informed of outcome of the conference:	Yes No If no, when will this be done:
Other action(s) (phease specify): Social worker's signature	Date: