**Section 2 - Child’s Name (DoB)**

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| **Record of Child Planning (Analysis of Wellbeing: Discussion or Meeting or Record of Concerns)** |
| **Child’s Name :** Click here to enter text. |
| **Date :** Click here to enter a date. |
| **Named Person :** Click here to enter text. | **Referrer :** Click here to enter text. |
| **Present (If Applicable):**  | **Role and Agency:** |
|  |  |
| **Apologies (If Applicable):** | **Role and Agency:** |
|  |  |

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| **Why does this child need a plan? GOAL** |
| Click here to enter text. |

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| **Single Agency** [ ]  | **Multi Agency** [ ]  |
| **Chairperson (If Applicable):** Click here to enter text. | **Scribe (If Applicable):** Click here to enter text. |

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| **Consideration must be given to each Wellbeing Indicator**  |
| **SAFE** | **HEALTHY** | **ACHIEVING** | **NURTURED** | **ACTIVE** | **RESPONSIBLE**  | **RESPECTED**  | **INCLUDED**  |

|  |  |
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| **Issues/concerns? So what?****(Risks)** | **What’s going well? So what?****(Strengths/ Protective factors)** |
| Child’s Views |  |
|  |  |
| Family/Carers/Parent’s Views |  |
|  |  |
| Professional Views |  |
|  |  |

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| Ideas Box |
|  |