**Section 3 - Child’s Name ACTION PLAN**

**What is Needed to Support this Child and their Family?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Please Indicate Concern** | | | | | | | |
| **SAFE** | **HEALTHY** | **ACHIEVING** | **NURTURED** | **ACTIVE** | **RESPONSIBLE** | **RESPECTED** | **INCLUDED** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Wellbeing Indicator | Outcome identified with the child/ family | What needs to happen?  (Actions) | How will we know it has been achieved?  (Measuring Progress) | When? | Who? | Action completed / Reviewed  Yes/No/Partial  **include** date |
|  |  |  |  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| --- | --- | --- |
| **Child’s Views of the Plan (in own words)** | | |
| Comment :Click here to enter text. | | |
| **Information about Advocacy Offered to Child/Young Person/Family** | **Yes** | **No  Declined** |
| **Additional Notes (If Required)** |  |  |

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| **Parent /Carer(s) Views of the Plan (in own words)** |
| Comment :Click here to enter text. |

|  |
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| **Who is Lead Professional? Please Include Name and Role** |
| Click here to enter text. |

|  |
| --- |
| **Any Disagreements?** |
| Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Date/Time /Venue of Next Review** : | **Date Child’s Plan Closed** : | **Reason** : |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |