**MY**

|  |
| --- |
| Child's Name |

**TAYSIDE CHILD/YOUNG PERSON’S PLAN**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Child/YP’s Plan**  |       |  | **Stage of Intervention** |
| **Type of Meeting** |       |  |
|  |  |  |       |

**SECTION 1 – PERSONAL DETAILS**

|  |
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| **1.1 Child/Young Person’s Details** |
| Forename(s) |       | D.O.B or Expected Date of Delivery |       | Swift or URN ID |       |
| Surname |       | SEEMIS or Independent School Pupil ID |       | CHI Number |       |
| Current Address(inc. postcode) |       | Gender | Male |[ ]  Female |[ ]
|  |  | First Language |       |
| Home Address*(if different to above)* |       | Ethnicity |       |
|  |  | Religion |       |
| Home Telephone No |       | Parent / Carer Mobile No |       |
| Child /YP Mobile No |       | Home Email Address |       |
| Legal Status |       |
| Current CP Registration | Yes |[ ]  No |[ ]  Date of Registration |       |
| Receiving Self-Directed Support | Yes |[ ]  No |[ ]  SDS Option | 1 |[ ]  2 |[ ]  3 |[ ]  4 |[ ]
| Young Carer | Yes |[ ]  No |[ ]  GP Practice |       |
| Current Pre-School Setting/School |       | Year Group |       |

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| **1.2 Family Composition (Parents, Carers, Siblings and Significant Others)** |
| Name | DOB | Relationship toChild/Young Person | Employment /School/Other | Address (if different from above) |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

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| **1.3 Parental Rights and Responsibilities are held by:** |
| Name | Relationship |
|       |       |
|       |       |
| Unknown *(please tick)* |[ ]

|  |
| --- |
| **1.4 Named Person and Lead Professional** |
| **Professionals’ Details** | Named Person | Lead Professional |
| Name |       |       |
| Designation |       |       |
| Base Location |       |       |
| Email Address |       |       |
| Telephone Number |       |       |

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| **1.5 Plan Partners** *(Identify Named Person, Lead Professional, Child or Young Person, Parents, Family, Advocate, Corporate Parent and all other service representatives present. Please also identify the Chair and Minute Taker in the Name column).*  |
| Name | Agency/Family | Email Address | Present | Apologies | Invited but did not attend |
|       |       |       |[ ] [ ] [ ]
|       |       |       |[ ] [ ] [ ]
|       |       |       |[ ] [ ] [ ]
|       |       |       |[ ] [ ] [ ]
|       |       |       |[ ] [ ] [ ]
|       |       |       |[ ] [ ] [ ]

**SECTION 2**

|  |
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| **2.1 School/Nursery Placement** |
| Current Pre-School Setting /School and Address |       |
| Is this placement:- | Full Time |[ ]  Part Time |[ ]  Shared Placement |[ ]
| Status of any Individual Education Programme | Establish |[ ]  Continue |[ ]  Discontinue |[ ]
| Status of any Co-ordinated Support Plan | Establish |[ ]  Continue |[ ]  Discontinue |[ ]

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| **2.2 Briefly indicate main reasons for Child’s Plan** *(This can be to plan the support for wellbeing, to address Additional Support Needs or where we have concerns about a child’s or young person’s safety.)* |
| *
*
*
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| **2.3 The Child/Young Person’s Wellbeing Profile** *(Use SHANARRI Wellbeing Indicator, the My World Triangle and Resilience Matrix to inform your assessment of wellbeing. Consider what is working well and what is not working well for the child or young person.)*  |
| 1. **What is working well?**
 |
|       |
| 1. **What is not working well?**
 |
|       |

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| **2.4 Summary/update of key changes since last Child’s or Young Person’s Plan meeting (use only when reviewing Child’s Plan)** |
|       |

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| 2.5 Child/Young Person’s View: *(Include how and when the child or young person’s views were obtained)* |
|       |

|  |
| --- |
| 2.6 Parent/Carers’ View: *(Include how and when the parents or carers’ views were obtained)* |
|       |
| **Has mediation been attempted with the family?**  | N/A |[ ]  Yes |[ ]  No |[ ]
| If yes, please provide further details |
|       |

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| **2.7 Record of key issues and changes in the child or young person’s wellbeing shared during this meeting***(Note positive changes, significant concerns and substantive differences of opinion between partners)* |
|       |

**For Statutory Child’s Plans Only (Part 5)**

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| **2.8 Legal**  *(If the child is not subject to a legal order, please go to section 2.9)* |
| Why are compulsory measures required? |       |
| Legal Orders/Legal Status |       |
| Date of ‘Becoming Looked After’ |       | Date of last Children’s Hearing |       |
| Conditions of Order |       |
| Non-Disclosure | Yes |[ ]  No |[ ]

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| **2.9 Placement**  |
| Current Placement Type*(please tick one option)* | Description of Placement*(please tick one option)* |
| Home |[ ]  Residential School |[ ]  Permanent |[ ]  Emergency |[ ]
| Kinship Care |[ ]  Residential Home |[ ]  Long Term |[ ]  Short Breaks |[ ]
| Foster Care |[ ]  Secure |[ ]  Interim |[ ]   |  |

**SECTION 3**

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| **3.1 The Child/Young Person’s Wellbeing Outcomes** |
| **Outcome –** **What will be different and better?** | **SHANARRI****Reference(s)** | **Actions –** **What is needed to achieve this outcome?** | **Who is Responsible?** | **By When?** | **Progress against Outcome**(complete only for reviews) |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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| 3.2 Note of any disagreements between any partners of the plan: |
|       |

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| 3.3 Contingency (*What action will be taken if outcomes or agreements are not reached within the specified timescales, or if there are increased concerns for the wellbeing of the child?)* |
|        |

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| **3.4 How will we monitor and review this plan?** |
| Type of Meeting | Date | Time | Venue |
|       |       |       |       |
| If no further reviews, Child’s Plan end date (Child or Young Person Plan retained by Named Person Service) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **3.5** | **Signature** | **Print Name** | **Date** |
| **Child/Young Person** |       |       |       |
| **Parent/Carer 1** |       |       |       |
| **Parent/Carer 2** |       |       |       |
| **Named Person** |       |       |       |
| **Lead Professional** |       |       |       |
| The signature of the Parent/Carer and Child/Young Person (if appropriate) confirms they have read this document or had it explained in full. Partners to the plan will continue to share information to progress the Child/Young Person’s Plan. |

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|  **(Education use only)****ASN to be Recorded on SEEMiS**  | Low | Medium | High |
| N1 Personal Support |[ ] [ ] [ ]
| N2 Supervision |[ ] [ ] [ ]
| N3 Tuition |[ ] [ ] [ ]
| N4 Curriculum |[ ] [ ] [ ]
| N5 Transition |[ ] [ ] [ ]

If a CSP is to be considered (established), reviewed or discontinued, send a copy of this plans and appendices to: asn@pkc.gov.uk with ‘CSP’ in the subject heading. Otherwise file securely in school.